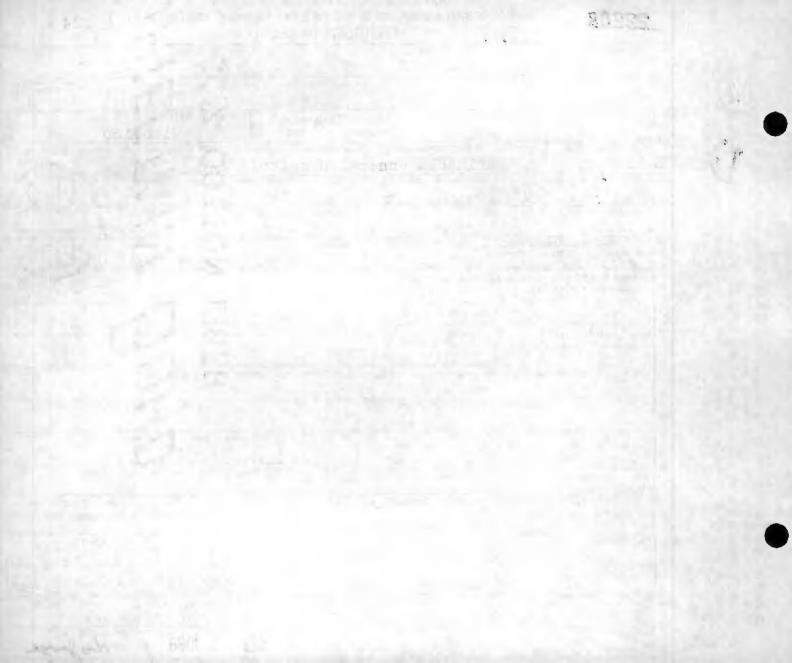
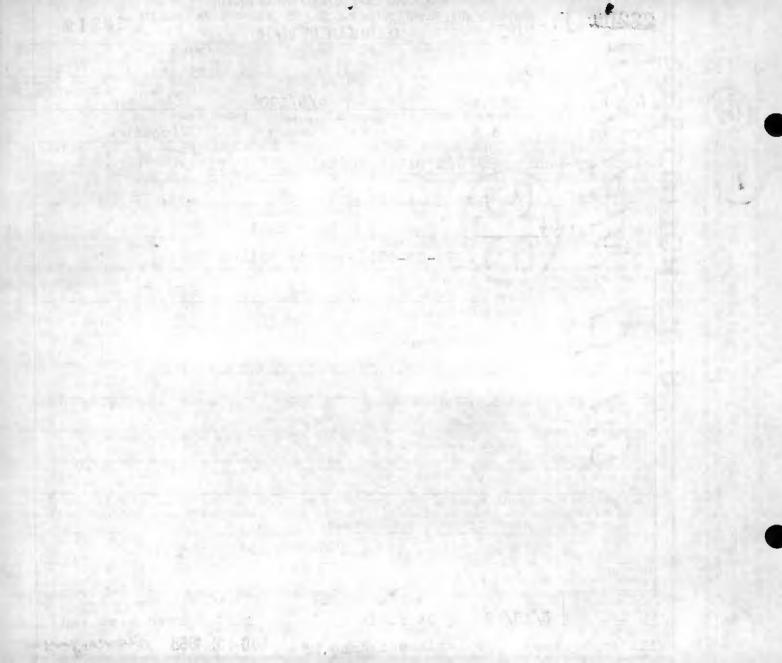


7		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		12208 CERTIFICATE OF DEATH	
deoth.		ECEASED NAME First Middle tost 20. DATE OF DEATH  Appe or print) Doseph H. Average if august 29. Hour	2 PM
hour after hours after	3. S	4. RACE  S. DATE OF BIRTH  6. AGE (In years If UNDER 1 YEAR IF UNDER 24 ARE  MALE  VRS.  WAITE  S. DATE OF BIRTH  Obs. AGE (In years If UNDER 1 YEAR IF UNDER 24 ARE  OAYS HOURS AII  OAYS HOURS AII	S. M.
24 hour	(00		Md.
ed within 24 cobon gaper ent, within 72	S	alisbury  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol life, even if retired.)  22. USUAL OCCUPATION (Kind of work done life, even if retired.)  23. USUAL OCCUPATION (Kind of work done life, even if retired.)  24. INDUSTRY  25. KIND OF BUSINESS OR INDUSTRY  126. KIND OF BUSINESS OR INDUSTRY  127. ATTEMPT OF THE PROPERTY O	
ecuted complete ove coopy	adm	USUAL RESIDENCE (Where decrosed lived, it institution; Residence before 13c (ITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO Z	
be execution ond compare remove id in ony ev		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost SOSEPH H. BAREWS & SAGE SHORT	
rtificate b physicion en please ovol, and i		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no. open known)  (if yes gave wor or divise of survice)  220-12-2214  ELIZABETH MANGEUS, SAME	
PHYSICIAN: The low requires that the death certificate be executed within e hospital or attending physician. The certificate has been signed by the attending physician and completer fill stacked for use as the burial-transit permit. Then please remove cockon grachest of Health priar to burial, crematian, ar removal, and in any event, within		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RECUrrent rulo candial infanction  **Lithus**	_
of the of the at nsit per	1	Conditions, if any, which gove) rise to immediate cause (a).  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove  (b) axterica sclerotic heart disease years  URANS	_
The low requires that the other dottending physician. has been signed by the se as the burial-transit the priar to burial, cremate.		stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF	
ow required place signal signal place signal signal place signal place signal place signal place signal place	HOH	4201 Lascular occlusion. Leftower extremity  190. Date of Operation 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
The land of other than the has	CERTIFICATION	YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)	_
PHYSICIAN: The low re the hospital or othending this certificate has been detached for use as the e Dept. of Health priar to	MEDICAL (	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. 19	_
** = + + + **		While Not while Office Bullonic, ETC.	_
TENDING TENDING No. After to ould be do the State	H	22a. I certify that (1) this hospital) of tended the deceased fram 2-1-1, 1968, ta 8-29, 1968, that (1) (we) la saw the deceased alive an 5-29, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above (1) ((we) (did) (did nat) view the bady after death.	he
OR ATTENDING PHYSICIAN: be retoined by the hospital or DIRECTOR: After this certificate le 3 should be detached for used with the State Dept. of Healt		22b. SIGNATURE  22b. SIGNATURE  ATTENDING MED.  STAFF  OF STAFF  O	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or othending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22d. PHYSICIAN'S NAME (Type) LOUIS BULKELEY MO. 22e. ADDRESS PINE BLUFF Rd. SAKISBLEY. MO	/.
TO HO Page direct		BURIAL CREMATION, 236-DATE 23c. NAME OF CEMETERY OR CREMATIONY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL ISOPRIES - 1/1968 BAPTIST CETTS 1/1964-TRELE- M.D.	
VR A15 30M REV. 1788	24.	FUNERAL DIRECTOR.  ADDRESS  SNOW SILL, MD.  DATE SEP 3 1968 GUISTRAR'S SIGNATURE  DATE SEP 3 1968 GUISTRAR'S SIGNATURE	

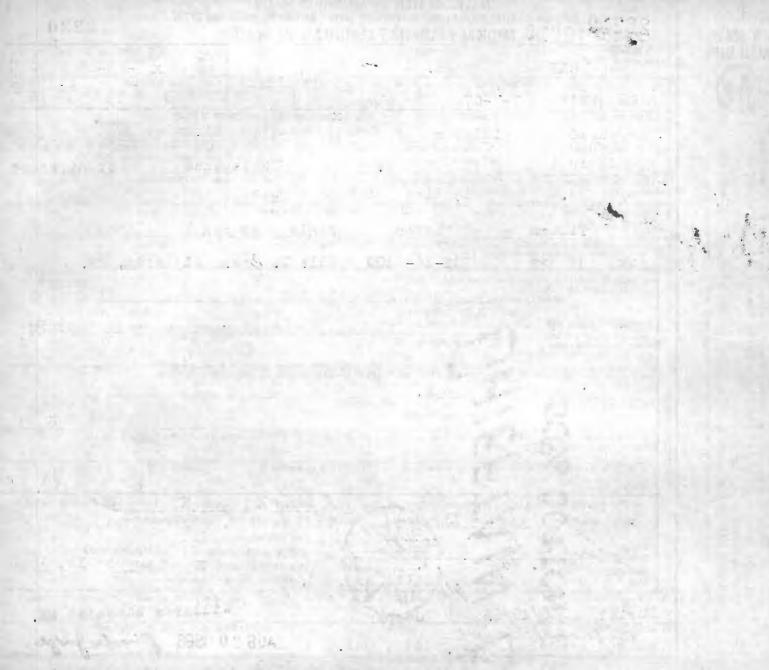
MARKET FROM STATE FROM PROPERTY THE MEASURE



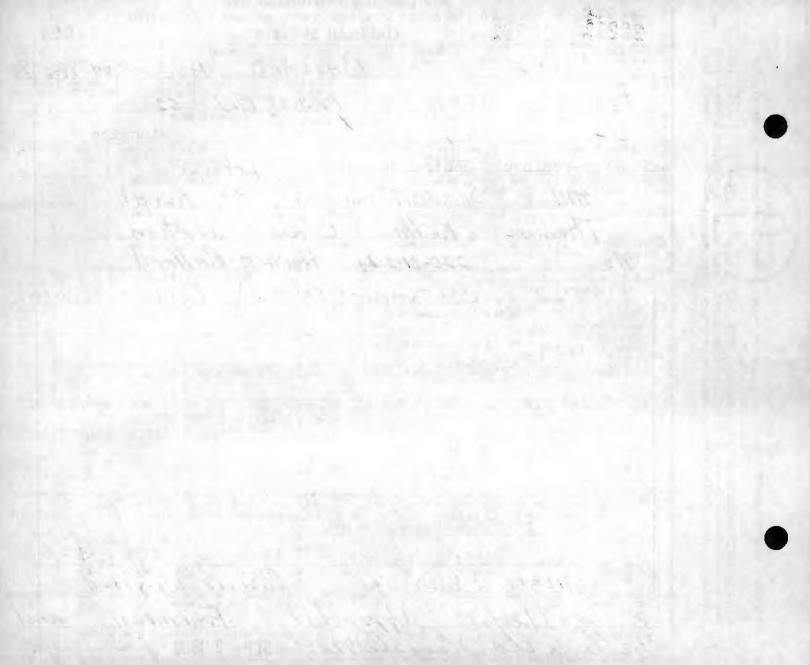
1 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	1220 CERTIFICATE OF DEATH
death.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
	1 SEX 1. RACE S. DATE OF BIRTH B. AGE (In years I UNDER 1 YEAR IF UNDER 24 MRS.
	Male Negro 4/8/1904 lost pirthdoy) RS. MONTHS DAYS HOURS MIN
a single	70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MANDED THE COUNTRY OF DEATH
4 5 5	Maryland USA WIDOWED □ DIVORCED □ Wicomico Md
within 24 san page our within 7	Salisbury-Peninsulia street address at Hospital during most of working the dead the spital during most of working the dead the spital during most of working the dead in INDUSTRY
ician and Amplerely with lease remaye carban and in any event, with	30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before list. CITY OR TOWN   134. INSIGE (TTY LIMITS?   13e. STREET AND NUMBER   13t. COUNTY   Princess Anne   NO   Rt. 1. Box 109E
and remain any	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
be be see reliable	George Bailey Mary Hall
ertificate be physician a nen please iaval, and ir	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 220-03-6218 Francie Bailey
he death c attending permit. Ti	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)  Conditions, if any, which gave)
equires that the physician. signed by the burial-transit burial, cremati	rise to immediate cause (0).  storing the underlying cause (c).  Part 2. Other Significant Conditions Contributing to Death But not related to the terminal disease Or Condition Given in Part 1(a).
r req ng p an si ne bi ta bi	トラメン -
The law ratending attending has been se as the th prior ta	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2. Item 18.)
The att	Que . 8,1969   Peritorities & Cellol. alices YES at NO   CAUSES OF DEATHER
IDING PHYSICIAN: The law red by the haspital ar attending the factorificate has been so the this certificate has been so the the detached far use as the the state Dept. at Health prior tab	Great Contributing Cause of GEATH OUR A.M. Month Day Year 19 P.M. 19
DING PHYSIC by the haspit frer this certii be detached State Dept. af	While Not while of work of work
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filled with the State Dept. at Health prior ta burial, cre	22a. I certify that (1) (this haspital) attended the deceased fram the saw the deceased alive an analysis of the saw the deceased alive an analysis of the saw the deceased alive and the saw the deceased alive and the saw the saw the deceased alive and the saw the saw the saw the deceased alive and the saw the
TO HOSPITAL OR ATTENPOSE 4 may be retained for FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	226. SIGNATURE  PLESTEE P. Carag J. M.D. DEGREE PHYS. DIRECTOR DIR
TO HOSPITAL OR Page 4 may be TO FUNERAL DIRI director, page 3 shauld be filled v	22d. PHYSICIAN'S NAME (Type) VICENTE RECARAG NR. M.D. 1200. 1200. Herrinsula Hen. 1400p.
TO HO Page forect shau	23c. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  BENCY 1 Sprity 8/18/68 St Paul Mt Vernon Maryland
VR A15 () 30M REV, 1 68	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ASSOCIATION OF PRINCESS ANNE, Md  AUG 1 6 1968  AUG 1 6 1968  AUG 1 6 1968  AUG 1 6 1968



MARYLAND STATE DEPAREMENT OF HEALTH



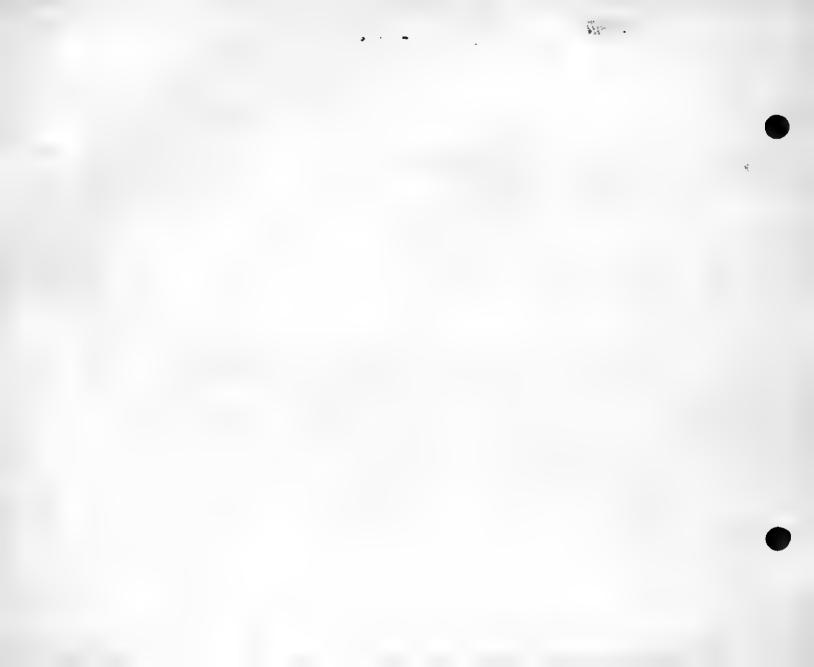
		MARTLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1000
		12211 CERTIFICATE OF DEATH	12221
		CEASED-NAME First Middle Lost 2a. DATE OF DEATH  On Month Day  On DATE OF DEATH	2b. HOUR
		LOUISE JALLARD HUGIIST	24 1968 YPM
	3. SI	4	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	70 1	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MADDIED OF MEVER MADDIED OF COUNTY OF DEATH	
	(Out		ico Md
2		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  12. USUAL OCCUPATION (Kind of work done during roost of working life even if retired.)  13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during roost of working life even if retired.)	126. KIND OF BUSINESS OR INDUSTRY
G	13a.	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY DMITS? 13e. STREET AND NUMBER	
		THE SOMETSEL THATMOUNTS DE DEVAL	
4	14.	ATHER'S NAME First Middle Loss IS. MOTHER'S MAIDEN NAME First Middle	Last
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 1665. SOCIAL SECURITY NO. 17. INFORMANT	
	100.	is, na, pywknawn) [1] yes give war or dates of service] 720-04-3324/ Harry E RAILBART	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSED BY:	LO INCUSORIAND DEATH
		199 / IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF	(2)000
		Conditions, if ony, which gove	
		rise to immediate cause (a).  Stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
		(c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
11	TION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS OF	ONSIDERED IN CERTIFYING
X	CENTIFICATION	YES NO CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2,	Item 18.)
	MEDICAL	DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor (If either, natify medical examiner) P.M. 19	
	M	21d. INJURY OCCURRED While Nat while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
		at work at wark	
		22a. I certify that (I) (this haspital) attended the deceosed from 2 1, 19,00 ta 8 4, 19 saw the deceased alive on 8 2 2 and that in (my) (our) opinion death accurred an the do	
		causes stoted obove, (I) (we) (did) (did not) view the body after deoth.	ne ona nour ana iroin in
		22b. SIGNATURE 22c.	DATE SIGNED
		Weller & - Party DEGREE PHYS. B DIRECTOR D STAFF DEGREE PHYS.	24-60
		22d. PHYSICIAN'S NAME (Type) 1/1/18 F.P. P. F/1/15 TR. 22e. ADDRESS Medical Center	1
8		WI-DEL K. Epir, O.K. SHELDOON, MARY	nd
1	23a.	BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMARKAL (Specify) 23d. LOCATION (City or Town)	(County) (State)
K	24	ADDRESS () 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
8	9	tu that Clar (make M) DATE SEP 3 1968 your	



		material County	INICION OF			CTARIMENT OF		WIAND GLOOT	4 00	
25	1	Commission	MAISION OF			STON STREET, BA		CTLAND 21201	1.2	16
		146	1 44		LEKTIFICA	TE OF DEATH				
₹ #Z4		ECEASED-NAME First		Middle	5	Lost	20 DATE OF	and the second second		2b. HOUR
eath death	(	(Ype or print) ELIZA	BETH	J.	ISA	RTOSH	A	UGUST DO	30 196	7 4-30
<u>a</u> (4) <u>a</u>	3. SI	EX pro	4 RACE		S.	DATE OF BIRTH		6. AGE (in years last birthday)	IF UNDER YEAR	IF UNDER 24 HRS.
E S S S		FEMALE	Whi	te		May 2, 192	4	44 YRS.	MONTHS DAYS	HOURS MAIN
by by	70	BIRTHPLACE (State or foreign 7	. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and completely filled in by mashauld be detached far use as the burial-transit permit. Then please remove contain appers. Pours should be state Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after the state Dept.	COUI	Pennsylvania	USA		WIDOWED [	DIVORCED [	Wic	omico		Mo
filled pape	E	CITY OR TOWN OF DEATH	H NA	ME OF HOSPITAL OR INS	TITUTION (If not ii	n hospitol 12a U:	SUAL OCCUPATION	(Kind of work dane	12b. KIND OF B	SUSINESS OR
with with		Salisbury	Fen:	insula G	eneral	Hospita	House	ewife	INDUSTRY	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13o.	JSJAL RESIDENCE (Where deceased issign) STATE			13c. CITY OR TO	WN 13d INSIDE CIT	Y LIMITS? 13e ST	REET AND NUMBER		
華	dam	Virginia	13b. COUNTY	airfax 🗸	Vienna	YES 🗌	NO □ 823	9 Winder	Street	
ond c	14	FATHER S NAME First	Middle	Lost	1S. M	OTHER'S MAIDEN NAME	First	Middle		Lost
be c		Albert		Zook			(٤	ınknown)		
ate iciar leas		WAS DECEASED EVER IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY N	(O. 17 INFO	RMANT )Husba	and)	Address 8	239 Wind	ier St.
e death certificate b attending physician permit. Then please an, ar remayal, and i		res, no, or unknown) (If yes give war o	is diffied the personnel	170-22-155	51 Mr.	Stephen L	. Bartos	sh, Vienna		
3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		1B. CAUSE OF DEATH (Enter only	ane cause per Un	o for (a), (b), and (c)	) / /		17	\		LATE INTERVAL ASET AND DEATH
ata marana arana a		1B. CAUSE OF DEATH (Enter only PART + DEATH WAS CAUSED &	CAUSE (a)	worken	arte	my Kert	zube-	24-7	77	28 FV 1.
de de utter erm n, a		4/ /	. ,	S A CONSEQUENCE OF		1				
the the		Canditions, if any, which gave	,	3 A CONSEQUENCE OF		V				
nat I y # y # emge		rise to immediate cause (a), (	(b)	S A CONSEQUENCE OF						
quires that the physician. signed by the burial-transit burial, cremati		stating the underlying cause lost. 4 2 0 /	(c)	3 A COMBERGENCE OF						
uire hysi gne gne uria		PART 2 OTHER SIGNIFICANT COND!	THRISTAGE PAGE	ING IO-DESTREET NO	OT RELATEDS TO TH	IE YERMINAL DISEASE T	P CONDITION GIVE	S IN PART-1(a)	. , ,	
The law requires the attending physician. has been signed by se as the burial-traith priar to burial, cre	-	Nou Tre	wat	A tra	Wat	224	. clisal	En fr	ter men	
av the	10%	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHI	CH OPERATION WAS PER	PEOPMED	20a. AUTOPSY?	20h [F	YES, WERE FINDINGS	ONSIDERED IN CE	PTIEVING
the law ratending attending has been se as the th priar ta	CERTIFICATION					YES NO	CALISES	OF DEATH?		
and	FRT	21o. ACCIDENT WAS UNDERLYING	21b. TIME OF	INHERY	214 HOW	INJURY OCCURRED (E	_	num Part 1 or Part 3	Itam IR t	
far fire He		OR CONTR BUTING (CAUSE OF CEATH	HOUR A.M.	Month Day Yeor		INSORT OCCURRED (EI	ile: Noture of Itilo:	y in run r or run z,	nem in i	
SSC Spirited and the second of	■EDICAL	(If either, natify medical examiner 21a, NUURY OCCURRED 21a, PL		AT MATERIAL SAME STORES AND		TION Street or R.F.D.	No. City	ar Town	County	State
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 shauld be detached far used with the State Dept. af Healt		While Not while at wark	ACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	ZII LOCAI	IION 711661 OIKLD	Nu City	QF TOWN	county	Stute
F + + s - F - F - F - F - F - F - F - F - F -		22a. I certify that (I) (this	hasnital\ atta	nded the decore	d from	, 19	to	10	that	(1) (m) la
Affe be Ste		sow the deceased also	naspirar) urre	naea me decease	9 and tl	not in (my) (our) o	ninion death o	reurred on the di	, FROM	(1) (we) las
the distriction of the districti		saw the deceased ally couses stated above, (	1) (we) (did) (	did nat) view the	body after dea	oth.	pinion doom c	Account of the di	are and magn c	ind it dill sile
AT SHE		226. SIGNATURE		//		4	- HID	226.	DATE SIGNED	
OR ATTENE be retained DIRECTOR: A je 3 shauld ed with the	6	X Marind	ヘノン	Veron	DEGREE	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.	qust 31.	. 1968
AA ay ay ay fill b		22d, PHYSICIAN'S	Ji.			22e. ADDRESS				
Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remove completely shauls shauld be filled in the state Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haurs		NAME (Type) Dr Da	vid J.	Gilmore _		Medical	Center,	<u>Salisbury,</u>	Mary1a	nd
HO.	23a	BURIAL, CREMATION, 23b DA			CEMETERY OR CRE			N (City or Town)	(County)	(State)
5 5 5 4 A		Burial Sept	. 3, 19	68 Calvary	y Memori	al Park		Fairfax	Virgir	
VR A15 (4)	24.	FUNERAL DIRECTOR		ADDRESS	_	2Sa. RECT	BY REGISTRAR	25b. REGISTRAR S	SIGNATURE	
30M REV. 1768		HOLLOWAY & COM	PANY, SA	LISBURY,	MARYLAND	DANSE	P 4 198	so fillos	les Judy	pe



	1				) STATE DEPARTM			
	1	100000000000000000000000000000000000000	DIVISION OF VITA	L RECORDS, 3	301 W. PRESTON STR	REET, BALTIMOR	E, MARYLAND 21201	13223
-		110	Zio	-(	ERTIRICATE OF	DEATH		~ 0
£ 75		CEASED-NAME First		Middle	Lost	20.	DATE OF QEATH	2b. HOUR
# 19 # # # # # # # # # # # # # # # # # #	1	Ype or print) JOS	EPH OTT	ΓIS	DOZMAN	$\nu$	August Doy	5- Yeg 5 118 M
# 1 E - E	3. S	X	4. RACE		S. DATE OF BI		6. AGE (In years	JE UNDER 1 YEAR F JINDER 24 HRS.
haurs affer in by the in hours affer hours affer		MALE	White		April	28,1898	last-buthday) YRS	MONTHS DAYS HOURS MIN
haurs on by the Page hours		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	UNTRY?	8 MARRIED K NEVER MAR	RIED 9. COI	INTY OF DEATH	
oers.	EOU	Maryland	USA			CED (ED)	Wicomi	CO Md.
vithin of filled in Vithin 72		ITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INST	ITUTION (If not in hospital		UPATION (Kind of work done	12b. KIND OF BUSINESS OR
	2	Salisbury-Per	ainsulla G	eneral	Hospital	Track I	working life even if retired.)	INDUSTRY Rai Iroad
e co	13o.	USUAL RESIDENCE (Where deceos	ed lived, if institution, Re	sidence before		13d INSIDE CITY LIMITS?	13e STREET AND NUMBER	
The low requires that the death certificate be executed ottending physician. has been signed by the ottending physicion and camplets so as the burial-transit permit. Then please remove cartith prior to burial, cremation, or removal, and in any event,		ission) STATE Maryland	135 COUNTY Wicon	nico	Salisbury	YES X NO	201 Marshall	Street
an de ex	14	FATHER'S NAME First	Middle	Last	15. MOTHER 5 MA		Middle	Lost
Se a	L	William		Bozman		Sally	Jane	Heath
Sicro Sea On on		WAS DECEASED EVER IN US ARM es, no, or unknown) (If yes give w	or or dates of service)	OCIAL SECURITY NO	/ "		Address 2	
phy:		No	A-	·971953	Mrs. Stel	la M. Boz	man, Salisbur	
re death cer ottending p permit. The		18. CAUSE OF DEATH (Enter on	y one couse per line for (	(o), (b), ond (c).)	\ \	1 1		APPROX MATE INTERVA. BETWEEN ONSET AND DEATH
eaff eaff mit. or r		PART I DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)	CEV	semal	throw	serie	Some
e d offe on,	L	4124	DUE TO, OR AS A CO	INSEQUENCE OF	1			
st the		Conditions, if any which gave a rise to immediate cause (a).	(b)	MUNR	iteusive.	carde	oversala dise	sin you
tho by ron ren		stating the underlying couse	DUE TO, OR AS A CO	DNSEQUENCE OF	Λ .	1	······	
res sicio ind-th		last	(c) C	, enon	aluned .	anlere	waderses	970
equires that the physician. signed by the burial-transit p burial, crematio		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	O DEATH BUT NOT	r related to she terminal	DISEASE ORCONDITI	ON GIVEN IN PART 1(o)	
e fow re tending is been os the prior to	3	443x						
lov end s be s be t so	Ĭ	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OP	ERATION WAS PERI	FORMED 200. AUTOI	PSY?	20b. IF YES, WERE FINDINGS C	INSIDERED IN CERTIFYING
IAN: The all ar oth ficate har for use Health p	CERTIFICATION				YES 🗌	NO 🗀	CAUSES OF DEATH?	
N: ar afe		210. ACCIDENT WAS UNDERLYIN			21c. HOW INJURY OCC	URRED (Enter natur	e of injury in Part 1 or Part 2,	tem 18.)
A September 15 Company of the	D CAL	OR CONTRIBUTING CAUSE OF DEAT	ier] P.M.	th Doy Yeor				
PHYSICIAN: te hospiral ar his certificate etoched for u Dept. of Heal	MED	21d. INJURY OCCURRED 21e.	PLACE OF INJURY ( AT HOM	NE, FARM, STREET FACTO	ORY ) 21f LOCATION Street	t or R.F.D. No.	City or Town	County State
this the detection of the property of the prop		at work of work						
OR ATTENDING be retained by the MRECTOR: After i e 3 should be d ed with the Stote		220. I certify that (1) (the saw the deceased of	s hospitol) ottended	the deceased	from-5 24	, 19 68,	ta_ 0 125, 19	60, that (1) (we) last
E A PER		saw the deceased of couses stated above	ive on the land	- >19	Sa S, and that in (m)	y) (our) opinion	deoth occurred on the do	te ond hour ond from the
th th		22b. SIGNATURE	(In) (we) (aid) (aid i	or) view ine b	ody after deoffi		204	DATE SIGNED
REC 3 s S S S S S S S S S S S S S S S S S S		220. SIDMITORE	= 53.0	111	ATTENDIN PHYS	IG DIRECTO	STAFF - 5	C13 5168
		22d. PHYSICIAN'S		<del>yar-cz</del>	22e. ADDI		R PHYS L	01-100
RAII			John T. Bull	ke1ey	S.	Salisbury	Blvd., Salisb	ury, Md.
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifice Poge 4 may be retained by the hospital ar ottending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physidirector, page 3 should be detoched for use as the burial-transit permit. Then playshould be filled with the State Dept. of Health prior to burial, cremation, or remayal,	23n	BURIAL, CREMATION, 23b. (			EMETERY OR CREMATORY	23d	LOCATION (City or Town)	(County) (Stote)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital ar ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the prior to buri	1	**************************************			ico Memorial		alisbury, Wicom	
F F	24.	FUNERAL DIRECTOR		ADDRESS				SIGNATURE
30M REV.		HOLLOWAY & CO	MPANY, SALI	SBURY, I	MARYLAND	DATE AUG	28 1968 fch	anley Juper
	<u></u>			· · · · · · · · · · · · · · · · · · ·				



. 1					DEPARTMENT OF H		
1	i	10	DIVISION OF VITAL REC		RESTON STREET, BALTI ATE OF DEATH	MORE, MARYLAND 21201	2 324
ŀ		CEASED-NAME First	Midd	le	Lost	20. DATE OF DEATH Mogify D	2b. HOUR
ŀ		RANDOLI			BREWINGTON		-/ // "
ľ	3. SE		4. RACE White		S. DATE OF BIRTH Jan.15,1885	6. AGE (In years lost birthday) 83 YRS	1F JNDER I YEAR F JNDER 24 HRS MONTHS DAYS HOURS MIN
	7o B	fry)	75 CITIZEN OF WHAT COUNTRYS	8 MARRIED [ WIDOWED [	☐ MEACK WAKKIED 53	9. COUNTY OF DEATH Wicomico	
ľ		Laryland I TY OR TOWN OF DEATH Salisbury	11 NAME OF HOSPIT	AL OR INSTITUTION (If no	t in haspital 12e. USUA	I OCCUPATION (K nd of work done	126 KIND OF BUSINESS OR INCOMES THE
	30. sdm.:	USUAL RESIDENCE (Where decease ision) STATE Naryland	d lived, if institution Residence	before   13c. CITY OR   Salis			aff Rd.,
ъ.		ATHERS NAME First William	M.ddle	lost 15 ngton	MOTHERS MAIDEN NAME FIT	notte Virginia	White Last
	160. Y	WAS DECEASED EVER IN U.S. ARM as, no, or unknown) (If yes give we	t an dates of somest		s. Edith B.	Ackley Sec 13	
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIA	one cause per life for (a) (b) BY TE CAUSE (5)	and (t))	tu Hee.	A Dear	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which gave inse to immediate couse (a),	DUE TO, OR AS A CONSEQU	ENCE OF			
		stating the underlying couse last. 4200	DUE TO, OR AS A CONSEQU	ENCE OF			
	_	PART 2: OTHER SIGNIFICANT CON	overy 2,	Inphes	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(o)	
١	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION	N WAS PERFORMED	20o. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	₹	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examin	HOUR A.M. Month Do er) P.M.	y Yeor	·	noture of injury in Part 1 ar Part !	2, Item 18.)
		21d INJLRY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	STREET, FACTORY.) 21f. LO	CATION Street ar R.F.D. Na.	City ar Tawn	Caunty State
		22a. I certify that (I) (this saw the deceased al causes stated above	s haspital) attended the exe an(l) (yee) (did) (did nat) vi	deceased fram 19, and ew the bady after d	that in (my) (our) opir eath.	, ta, 1 nian death accurred on the (	9, that (I) (we) las date and haur and fram th
		22b SIGNATURE	Gelmore	DEGRI	EE PHYS DI		S-1-1968
		22d PHYSICIAN'S NAME(Type) DAV		more	SALIS DUI		6
ĺ	230.	BUR-AL, CREMATION, 23b D		IAME OF CEMETERY OR		23d. LOCATION (City of Town)	(County) (Stote)
ŀ	24	REMOVAL (Specify) Burial 8-3 FUNERAL DIRECTOR	-1968 Pa:	rsons Cemet	25c REC'D B)	Salisbury, Mar	y Land
I	_	Hill Funeral Ho		y, Marylan	DATEALLO		mela ludal



s 7	1				DIVISION	I OF VITAL RECORDS,			REET, BALTIM		RYLAND 212	201	1 100	
	· ·		١,	12	215			ATE OF		, , , , , , , ,			. 4	( )
	± −2±			CEASED NAME First		Middle		Last		2a. DATE OF		0	٧	2ь ноигд
	offer death		_	WALL		SCOTT	B	REWING			Manth	16	1968	9:35 M
	the fu	with a	3. SE		4 RACE Whit			S. DATE OF B		don	6. AGE (In year last-bythday	) Mi		IF UNDER 24 HRS. HOURS MIN
	hours after by the Pages hoursaft	-	70. [	Male BIRTHPLACE (State or foreign		OF WHAT COUNTRY?	9	1	- ,	.897	1 -	YRS.		
	hours in by Propriet		cour	Maryland	U.S.		" MARRIED - WIDOWED	NEVER MAI	KKIED	Micomio				
	n 24 illed i pope		10. 0	ITY OR TOWN OF DEATH	0.5.	11 NAME OF HOSPITAL OR INS	TITUTION (If n	nat in haspital	12a. USUAL	OCCUPATION	(Kind of wark	done	12b KIND OF B	Md. USINESS OR
	ecuted within 24 completely filled ove corbon pope y event, within 7	10	S	alisbury		Peninsula Ge	eneral	Hospi	ta dum Med	Nami'e	libarage	ired)	WHY T	
	ed with pletely f corbon ent, witl		13a	USUAL RESIDENCE (Where decease	d lived, if a	astitution: Residence before			13d INSIDE CTY LIMIT		REET AND NUME			
	remove remove	70 /		issian) STATE Maryland		NTY icomic <del>ů</del> r	Salis		YES 💂 NO	~	6 Ohio		,	
	E E E	^	14 F	FATHER'S NAME First Hen		idle Lost		S. MOTHER'S M	AIDEN NAME First	nie		<sup>idle</sup> liam:	R	Last
	nd ind in		16a.	WAS DECEASED EVER IN U.S. ARM		Brewing		NFORMANT	111.			ress	<del>_</del>	
	al o			(es, na, or unknown) (If yes give wo	or dates of serv	214-10-75			rna Brew	ringtor			13	
	cert Plant Ther			18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	y ane cause	per line for (a), (b), and (c).	,	. 0	01		~		APPROXIMU BETWEEN ONS	VE INTERVAL SET AND SEATH
	eoth andir nit.			PART 1. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a)	Myou	nde	al s	In few	de	<b>~</b>	9	mine	Nes
	offe offern				DUE TO	, OR AS A CONSEQUENCE OF	.0	1-		/	2 1	1	K-11	/
	at the the nsit			Conditions, if only, which gave a rise to immediate cause (a),	(b	(wanterp	there	sie (	-020ml	my L	crien	10	157 PC	nour
	SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificates the 4 may be retained by the hospital or ottending physicion.  VERAL DIRECTOR: After this certificate has been signed by the ottending physicion and color, page 3 should be detoched for use as the buriol-transit permit. Then please remoid be filed with the State Dept. of Health prior to Eurial, cremation, or removal, and in any			stating the underlying cause last.	01 100	, OR AS A CONSEQUENCE OF				1 6	nola	20-		
	physical street ignering the control of the control			PART 2 OTHER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO	O THE TERMINA	AL DISEASE OR COM	IDITION GIVEN	N IN PART 1(a)		<del></del>	
	ng Fen sen she b		2	1-1	•						**			
	O HOSPITAL OR ATTENDING PHYSICIAN: The low ratioge 4 may be retained by the hospital or ottending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the inhould be filed with the State Dept. of Health prior to	. ,	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FO	OR WHICH OPERATION WAS PE	RFORMED	20a. AUTO			YES, WERE FINE OF DEATH?	INGS CON	SIDERED IN CER	TIFYING
	r offi e ha use	X.	ERTIFI	21a. ACCIDENT WAS UNDERLYING	3 100 7	THE OF WHITE	102 11	YES _	_			2 1 2 1	101	
	IAN: ral o ficot for for Hec			or contributing cause of Death (If either, notify medical examin	HOUR	ME OF INJURY A.M. Manth Day Year		OW INJURY OF	CURRED (Enter n	ature at injur	y in Parl I ar I	Parl 2, Itei	m 18.)	
	YSIC ospil certi hed hed		MEDICAL	21d INJURY OCCURRED 21a	Br)   PLACE OF IN:	P.M. 19  URY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY, ) 21# L(	OCATION Street	et or R.E/D. No.	City	ar Tawn /		Caunty	State
	PH he h this etoc			While Not while at work		OFFICE BUILDING, ETC.	4	1.	, / ,	-	1.		1	
	ING by the fter be d state			22a. I certify that (I) (thi	s haspital	) attended the decease	d fram	8/1	5 / , 19 3		8.116	1, 19.6	, that (	I) (we) last
	R: A			saw the deceased al	(i)/(ves)	(did) (did ngr) view the	y <u> </u>	d tha <b>y</b> in (m death	ny) (per) apini	an death a	sccurred an	he date	and haur a	nd from the
	ATT estair CTO sho			22b. SIGNATURE	111	/	July 5,101		No -4 MED			22c. DA	TE SIGNED 5-1968	
	OR be r			1	Home		DEGI	1 1111-24		ECTOR	STAFF PHYS.	8-10	5-1968	
	TAL moy tAL pag	-		22d. PHYSICIAN'S NAME (Type)	<b>6.</b> Ј.В	urton		22e. ADI	oress alisbury	. Mary	vland			
	OSP A 1 JNEF Ctor, uld		220	BURIAL, CREMATION, 23b. D		23c. NAME OF	CE METERY OR				N (City or Tow	n)	(County)	(State)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificates be expected within 24 hours after death Page 4 may be retained by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 1 mhould be filled with the State Dept. of Health prior to ■urial, cremation, or removal, and in any event, within 2 hours after death		131	REMOVAL (Specify) Burial	3/19/1						isbury			
	VR A15 (	0	24.	FUNERAL DIRECTOR		ADDRESS			2Sa. REC'D BY	REGISTRAR	1968 REGI		GNATURE Q	adac.
	30M REV	30		Hill Funeral H	lome	Salisbury,	Ma <b>ryl</b> a	nd	DATE AU	G 19	1300	1	0	0
	1	1011												





Market Mary Spiles	DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 I tem 10 killing Globy 8/30/22 July 1147 July 19/3/68 kk
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
MEMLIH DEPI.	1. DECEASED-NAME (Type or Print) Robert Norwood Brittingham 20, DATE KNOWN Doy, Year 2b, HOUR
d 3 ta d 3 ta Page	DEATH MAIEU [] 17
2, and 3	male white 4/29/1926 427 MONTHS DAYS HOURS MIN Month 8 Doy 19 Year, 68
epo n	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
To the last of the	country) Md. U.S. WIDOWED DIVORCED WICOMICO
after death	10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital Reputer 13 Near Eden Modive Results) 13  120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR OTHER STATE OF THE PROPERTY OF THE
er d live ig v og v	
~ ~ ~ ~ ~	130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before down ssion) STATE Md. 136 COUNTY Somerset Westers YES NO
haurs Item 18 Office 1 and 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	Norwood Brittingham Martha E. Dryden
d be executed with.n 24 d'pending" in pencil in Chief Medical Examiner's transit permit F le pages y event within 72 auts	16b WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (f yes give wor or dailes of sarvice)  16b SOCIAL SECURITY NO.  17. INFORMANT  Mrs. Louise Brittingham, Westover, Md.
Ex I	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART 1 DEATH WAS CAUSED BY
e execute pending" et Medica sit permit	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Command Acoluse of sheel
be exeminet Me ansit pe	1 DUE TO, OR AS A CONSEQUENCE OF
shauld be e ne ward "per a the Chief I burial-transit	Conditions, if only, which gove rise to immediate course (a), (b)
shauld e ward a the Ch ourial-tre in any	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
sho ne w na th buri	(c)
s certificate shaul e, writing the war farwarded ta the used as a burial- emoval, and in an	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
certifi arward arward used a moval,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
Th's certificate icate, writing the be farwarded to do be used as a the ar removal, and	196. CONDITION FOR WHICH OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES \( \sum \) NO \( \sum \)  216. EXTERNAL CAUSE WAS  216. TIME OF NURY Month-Doy, Year (21c. HOW INJURY OCCURRED (Enter polyre of nury in Part Lot Part 2 them 18.)
This litate, be failed be tall and be tall ar ren	
certifica certifica hauld bulles. shauld I	5 PRIMARY MOR CONFRIBUTING 1 12 HUGR AM
	21d INJURY OCCURRED 21g PLACE OF IN. LRY (At horge, form) street, 21f LOCATION Street or R F D No City or Town / County Stote.
DEPUTY CICAL EXAMINER: Sessary, please execute the cert of functal director Page 4 shaul may be retained for your files. FUNERAL DIRECTOR: Page 3 shaul priar ta burial, crematian.	WHILE AT WORK AT A WORK AT HOTHER OFFICE DUTING STEET, 211 LOCATION STEET OF R I D NO CITY OF JOHN STORE OF STEEL AT WORK AT W
Cecu Cecu Pag for for ial,	22a. I certify that I took charge of the remains described obove, held an Autopsy , Inspection X, Inquiry , and in my opinion
te e e e e e e e e e e e e e e e e e e	death resulted from Natural causes Accident XI, Suicide , Hamicide Undetermined manner
please direct direct place DIRECT DIR	CHIEF MEDICAL EXAMINER
y, ple	SIGNATURE TUELOS (1 SECOND M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
EPUTY, ssary, funeral ay be interested in the print if th	EXAMINER'S DEPUTY MEDICAL EXAMINER & 8-20-60
ro DEPUTY necessary, the funera 5 may be 0 FUNERAL Health pri	NAME (Type)  ADDRESS(Street, city, fown, or county)  23a BURIAL (REMATION, 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
A second	Burial 8/22/68 Goodwill Rural Pecemeke, Wercester, Mc
VR A15ME [5]	74. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ANNE  ADDRESS  AN
10M REV 1/68	Times Venniam Princess Anne, Md BATE AUG 2 6 1968 james Jusque
· ·	

MAKTLAND STATE DEPARTMENT OF HEALTH

r 1

4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1:00.
	CERTIFICATE OF DEATH	1 220
death.	1. DECEASED-NAME (Type or print) Sellion Brown August 14	Poy 1968 6 4 M
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. The hospital or ottending physician. This certificate has been signed by the attending physician and campletely filled in by the stocked for use as the burial-transit permit. Then please remove action papers. Pages hand Dept. of Health prior to burial, cremation, or removal, and integratement, within 72 hours often death.	3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last berthday) 4. RACE 8. DATE OF BIRTH 9.	IF UNDER - YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Poge 4 may be retained by the hospital or ottending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detoched for use os the buriol-transit permit. Then please remove diabon papers. Pog should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.	70. BIRTHPLACE (Stote or foreign Country of What Country?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH   VICOM:  WIDOWED DIVORCED   WICOM:	
ed within 24 ho Netely filled in 1 Agron popers.	10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL BY UPATION (Kind of work don during most of working life eyen if refired during most of working life eyen if refired	12b KIND OF BUSINESS OR INDUSTRY
and completing remove districtions	130 USJAL RES DENCE (Where deceosed I ved., if institution: Residence before odmiss on) STATE 136 SQUINTY WESTIGN QUESTION YES NO 136. STREET AND NUMBER VESTING THE NO.	
ore be ex-	14. FATHERS, MAME First Middle Lost S. MOTHER'S MA.DEN NAME First Middle	Lost
rficate nyskio nplea ral, on	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Crnete Address Address	
equires that the death certifica physician. signed by the attending physi burial-transit permit. Then pl burial, cremation, or removal,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) ) PART I. DEATH WAS CAUSED BY:  White the second of the couse of	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
the der ne affer it perm ation, o	Conditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF Unit of the Conditions of the Conditio	
es thot ician. ed by the il-trans	rise to immediate cause (a).  stating the underlying cause last.  (c)  DUE TO, OR AS A CONSEQUENCE OF CX - stage TV	
requin ng phys en signe e burio to burio	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cresshould be filed with the State Dept.	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port	S CONSIDERED IN CERTIFYING
CIAN: pital ar histore of Healt	S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	2, Item 18.)
PHYSI he hosp this cer letoche	While Not while styric Not while styric Not work	County State
ATTENDING etained by th CTOR: After t should be de	220. I certify that (1) (this hospital) attended the deceased from 2/11/67, 19, ta 3/14/68, saw the deceased alive an 3/13/68, 19, and that in (my) (aur) apinion death accurred an the causes stated above, (1) (we) (did) (did not) view the body after death	19, that (1) (we) last date and have and from the
OR ATTE be retain JIRECTOR e 3 shou ed with th		2c. DATE SIGNED
rital 0 may be Ral Dil page be filed	22d. PHYSICIAN'S NAME (Type)	
TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for u should be filed with the State Dept. of Healt	230 BURDAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY CHAPTER STORY CHAPTER	(County) (State)
VR A15 (A) SOM REV (A) SO	24 FUNERAL DIRECTOR  DATE AUG 2 3 1968 REGISTER  DATE AUG	Wideword Judge
Vot		



Signal (A)			DIVISION OF VIT	AL RECORDS, 301 V	V. PRESTON STREET,	BALTIMORE, MARY	YLAND 21201	229
FOR STATE					NER'S CERTIFICA			23
HEALTH DEPT.		ECEASED-NAME Type or Print)	First	Middle	L	ost	2a, DATE KNOWNET Mor	nth Day Year 26 HOUR
ay 1s 3 ta Page ,	L	Type of ranti	SAMUEL	JAME:	BR(	OWN	OF ESTI 8-	1-68 19 1:15
Poy Poy sent	3 5		1 -/-7	OF BIRTH	AGE (In years IF UNDER )	YEAR IF JINDER 24 HRS DAYS HOURS MIN.	2c DATE PRONOUNCED DEAD	
orth ny delay ages 1, 2, and 3 ith farm PM3 Po State Department	L	M	W 6/2	8/1888	lest burthday) MONTHS	DALES HOCKS MIN	Month 8 Day	1 Yeor 68 1; 45M
n P		BIRTHPLACE (State or F	oreign 7b, CITIZEN	OF WHAT COUNTRY?	8 MARRIED NEV	ER MARR ED 9 CC	DUNTY OF DEATH	
farr farr		in)/relan	di	12.H	W DOWED	DIVORCED [	Wicomico	Md
Pag 11th Sta	10, 1	ITY OR TOWN OF DEA		11 NAME OF HOSPITAL (	OR INSTITUTION (if not in he	ospital 120 USUAL (	OCCUPAT ON (Kind of work do	ne 126 KIND OF BUSINESS OR
r de live p wie fine	L	Salis		BLO Poplar	Hill Ave	· / Page 1	of working life, even it refired	GINDUSTRY
after death 8. Give Paga along with with the Sta leath.	130	USUAL RES DENCE (W dmission) STATE 7V	here deceosed ved,	institution, Residence be	fore 13c CTY OR TOWN	13d INSIDE CITY LIMITS?	136 STREET AND NUMBER	
24 hours after death in Item 18. Give Pages 1, r's Office along with farm ps Land 2 with the State De irs after death.	-	1.		UNTY Wicomico				Hill Ave.
hours Office and 2	14 !	ATHER S NAME	First	Middle	ost 15 MOTHER	S MAIDEN NAME Firs	/	Lest )
			mes		wn	Flore	rce (an	Known
within pencil cominei		WAS DECEASED EVER IN	U.S. ARMED FORCES?  [If yes give wor or dates of	16b, SOCIAL SECUR	[ ( ) ]	7 - 1	ADDRESS MADDRESS	11. 1. X
y Po with Size of the size of	1	N.O.			11/18/	-lorene	EN11615-	Harlos
ted in the definition of the d		18. CAUSE OF DEAT	'H (Enter only ane caus WAS CAUSED BY	e per line far (a), (b), and				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecute Iding:'' Aedica permit		1 1 1 2	IMMEDIATE CAUSE (		ary occlus:	ion		sudden
pen pen sit p		Conditions, if any, w		TO, OR AS A CONSEQUENC		2.7		
d b od b		rise to immediate o	ause (o), (			cardio-v	ascular dis	ease years
should be executed be ward "pending" in a the Chief Medical Eburial-transit permit in any event within		stating the underlyi	ng cause	TO, OR AS A CONSEQUENC	E Ur			
e sh the burn d in			CANT COMPATIONS COM	c)	NOT DELATED TO THE TOTAL			
INER: This certificate should be executed within 24 e certificate, writing the ward "pending" in pencil in should be forwarded to the Chief Medical Examiner's files.  3 should be used as a burial-transit permit file ages attain, or remaval, and in any event within 72 bours		# 2, UTTER SIGNIF	ICAN CONDITIONS CON	KIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)	
certif v. writi orwan used ( maval	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDITION FO	OR WHICH OPERATION			20 AUTOPSY?
is ce forn e us	TEICA.			WAS PERFOR!				YES TO NO TAL
AL EXAMINER: This execute the certificate, rr. Page 4 shauld be for far your files. TOR: Page 3 shauld be Lurial, crematian, ar renurial.	GRI	210 EXTERNAL CAUSE	WAS 21b. T	IME OF INJURY Month, Doy,	Year 21c, HOW INJU	RY OCCURRED (Enter not	ture of in any in Port I or Port	
NER: TI rertifice hauld be iles. shauld I	3	PRIMARY OR CONT CAUSE OF DEATH	RIBUTING H	OUR A.M.	19	,		-,
he cert shaul files. 3 shau	MED	21d INJURY OCCURRE		JJRY (At home, farm, stre	et, 21f. LOCATION	Street or R.F.D. No.	City or Yawn	Caunty State
XAM ute th ge 4 your Page crem		AT WORK AT WORK	foctory, affice	building, etc.)				
ITY DICAL EXAMINER:  ry, please execute the certion director. Page 4 shauld be retained for your files.  AL DIRECTOR: Page 3 shoup prior to burial, cremation,				e of the remains desc	ribed obove, held an	Autopsy . Ir	nspectian K., Inquiry	X ond in my opinion
Ed To		death resulte			dent . Suicide .		Undetermined monn	. ,
please er director. retained DIRECTO or to bur		/				CHIEF MEDICAL EXAMII	_	
olo olo		ACTUAL	イトへ	2	M.D.	ASSISTANT MEDICAL EX	AMINER 226. D	ATE SIGNED
pepury kessary, p e funeral may be r Funeral		EXAMINER'S La		yox, H.D.	- Inter-	DEPUTY MEDICAL EXAM	AINER 🔼 Au	g. 5, 1968
		NAME (Type) 40	9 Camden	Axe., Sa	Lisbury, Mo			
5 = + ~ 5 ±	230	BURIAL, CREMATION	23b DATE	(3C) NAME	OF CEMETERY OR CREMATO	PY_A. 130	LOCATION (City or Town)	(Stote)
	10	MOVAL (Specify)	01416		New pherk	er Op.	ast Kow Sla	ut The
VR A15ME (5)		TOUR Character	Fundanca		odress st New Marl	2So REC D BY RI	444.0	R S SIGNATURE
10M REV 1/48		Troasuny	T. OTIGI-OT	monie, Eas	o New Pari	AS UDATE IT CL.	AUG 8 1968	persones Judg



_	1		eliment of			AKIMENI UF HI			
1		Andrews 1st	DIVISION OF				MORE, MARYLAND 2120	1 1930	
	L		469,0		CERTIFICATE				
}		ECEASED-NAME First  'ype or print')		Middle	2	ost /	2o. DATE OF DEATH  Month	Doy Yeor 26 HO	
		JA	MES	AGUS TUS		RROUghs	Hugust	4 68 PA	M
	3. SE		4. RACE			TE OF BIRTH	6/AGE (In year last birthday)	S IF UNCER 1 YEAR IF UNCER 24 MONTHS DAYS HOURS	MIN.
	$\vdash$	MALE		i te	1	/24/1906		YRS.	
		BIRTHPLACE (State or foreign	76 CITIZEN OF W	HAT COUNTRY?	B. MARRIED NE	AER BIWKKIED .	COUNTY OF DEATH		
	1	Virginia	USA		WIDOWED 🔽	DIVORCED	Wicomi		Md.
		ITY OR TOWN OF DEATH	- Church	IAME OF HOSPITAL OR IN street oddress)	STITUTION (If not in he	ospitol 12a, USDAL	OCCUPATION (Kind of work of		R
	, K	Balisbury-Pe	$n$ 1 $n$ s $q$ 1 $\epsilon$	General	Hospit	al Lino	st of working life, even if retil - type Operator		
ď	130. odm	LSUAL RESIDENCE (Where decea						:R	
		Virgini	a J	Northampto					
	14 1	FATHER'S NAME First	M.ddie	Lost		HER'S MAIDEN NAME Fir			
	_	John	Henr			Laura		Moore	
	160	WAS DECEASED EVER IN U.S. AR	MED_FORCES? war or dates of service)	16b. SOCIAL SECURITY		(5	•		
	-	es, na, or unknown) (It yes give			Mrs.	Nancy B.	Purnell, Berli	in, Maryland	
		18. CAUSE OF DEATH (Enter of	nly one couse per 1	ne for (a), (b) and (a)	1. 9.	0 -	10	BETWEEN ONSET AND DEAT	TH
		PART 1. DEATH WAS CAUSE IMMED	ATE CAUSE (o)	enges/	we you	(me-le	or Julmor	rale ymore	4
		41/1		ASTA CONSEDIMENCE OF			1 12	1/12	
		Conditions, if any, which gove use to immediate couse (a),	(b)	propry	sema-	of chronic	: vunelis	- That purpos	P-
	1	stating the underlying couse	DUE TO, OR	AS A CONSCOUENCE OF	IT So	l		1-1	
		lost. ju x O	(c)	Cigare	me orn	3 K-3,		Mes server	Market P
		PART 2 OTHER SIGNIFICANT CO	NOITIONS CONTRIBI	UTING TO DEATH BUT N	OT RELATED TO THE T	TERMINAL D.SEASE, OR CO	INDITION GIVEN IN PART 1(a)	1"	
	S	Mercosca	erothe 1	neur a	encase	· Home	a juno	100-	
	CERTIFICATION	190 DATE OF OPERATION 19b	. CONDITION FOR WI	HICH OPERATION WAS P	ERFORMED 20	Oa AUTOPSY?	2017 IF YES, WERE FINDS	NGS CONSIDERED IN CERTIFYING	
	E	2). ACCIDENT WAS INDEDLY	NO TOU THE	e June		YES NO			
		21g ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	Month Day Year	21c HOW IN	TURY OCCURRED (Enter	noture of injury in Port 1 or Po	irt 2, (tem 18.)	
	MEDICAL	(If either, notify medical exam			9				
	-	21d INJURY OCCURRED 21e	. PLACE OF INJURY	OFFICE BUILDING ETC.	211. LOCATION	N Street or R.F.D. No.	City or Town	County Stot	re
		of work of work	-t- ht-la-lya	1	- I for my	8/6/196	8 to 8/91	, 19 68 , that (I) (well	-1 -1
		22a. I certify that (I) (the saw the deceased of	ris naspirai) ari	renped in agreeds	led from and that	defining a 17 and		ر بر ال 19 <u>6</u> , that (۱) بر الم	n the
		causes stated abav	e, (I) (we) (did)	(dig/not) yew the	bady after death	in (m) promise	idii dadiii deconya diyii	ic date and fidor and fidir	11110
		22b SIGNATURE	11/1	1		ATTENDING ME	D CTAFF	22c DATE SIGNED	
			-	<u></u>	DEGREE	PHYS DIR	D STAFF PHYS	August 9, 196	8
		22d PHYSICIAN S				22e. ADDRESS			
		NAME (Type)	O. J. Bu	rton		Medical Ce	nter, Salisbu	ry, Maryland	
	23a	mental to the	DATE		CEMETERY OR CREMA		23d LOCATION (City or Town)		
			12/68		11e Cemet	ery		orthampton, Va.	
	24.	FUNERAL DIRECTOR  HOLLOWAY & CO	MDANY C	ADDRES		250. RECD BY	REGISTRAR 1968. REGIST	BESIEVE Judge	
	1	MILLI LIWAT & L.	TITLE ALVE		WINE GUITE	I DATE OUT	W - 17 11	U ·	



1 1			DIVISION	OF VITAL RECORDS,	301 W. PREST	ON STREET, BALTI	IMORE, MARYLAND	21201	1000	
		12	221	S Film Gill	CERTIFICATE	OF DEATH			1223	i.
モノロ		EASED-NAME First		Middle	Λ ι	ost	20. DATE OF DEATH Month	n Day	Venz	2b. HOUR
		nere	Sa	100.	Car	rr	August	1 Day	1968	4 5 M
3	SEX		4 RACE		S. DA	TE OF BIRTH	8. AGE (II	n yeors If		F UNDER 24 HRS. HOURS MIN
		emale	Ne	000		12/1/189	6 7T	YRS.	William Data	THOUS MIN
70	0. B	RTHPLACE (Stote or foreign		WHAT COUNTRY?	8. MARRIED ANE	YER HIMKKIED	9. COUNTY OF DEATH			
		incess Anne	US		WIDOWED	DIVORCED [		comico		Md.
10	D. CI	TY OR TOWN OF DEATH	1	NAME OF HOSPITAL OR IN	STITUTION (if not in h	ospitol 120 USU/	AL OCCUPATION (Kind of )	work done	126 KIND OF BUINDUSTRY	JSINESS OR
<u> </u>	a.	lisbury-Peni	nsula	General	Hospita	l Ho	ost of working life, even UBC WIFC	it (Billed)	House	Work
13	30 I	JSUAL RESIDENCE (Where deceos	ed lived, if inst	titution. Residence before	13c EITY OR TOWN	13d INSIDE CITY L	M TS? 13e STREET AND I	NUMBER		
· 📙		riary and		erset	Princess		7K			
$\cap$ $ $ $ $ $ $	4. F	ATHER'S NAME First	Middl	e Lost		HER'S MAIDEN NAME F		M.ddle		Lost
L		aul Roberts					ah Dennis			
- 1	60 Yı	WAS DECEASED EVER IN U.S. ARA is, no, or unknown)   (If yes give v	NED FORCES? ar or dates of service	16b SOCIAL SECURITY				Address		
L	- 1				Leer	l Carr.Fr	incess An	ne, ma		
	1	IB. CAUSE OF DEATH (Enter on	ly one cause pe	or line for (o), (b), and (c	0 0				APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
П	ı	PART I. DEATH WAS CAUSE IMMEDIA	J BT: NTE CAUSE (0) _	Penn	l Laile	ere			50	lays
	1	100		OR AS A CONSEQUENCE OF	0	0 -	1			0
- 1	-	Conditions, if ony, which gove rise to immediate couse (o),	(b)_	Cino	vic pay	elone pl	intitis		UR	3_
	- 1	stoting the underlying couse	DUE TO, (	OR AS A CONSEQUENCE OF		, ,			1	
		lost.	(c)_					<u> </u>		
	П	PART 2 OTHER SIGNIFICANT CO	IDITIONS CONTR		OT RELATED TO THE	TERMINAL DISEASE OR C	(1)	- 1		
1	8	6	/)(	abeter	1.000	uus -	- Mein			
	3	190. DATE OF OPERATION 196	EONDITION FOR	WHICH OPERATION WAS P	REFORMED	06 AUTOPSY?	206 # YES, WERE CAUSES OF DEATH		SIDERED IN CER	HFYING
4	CERTIFICATION	210 ACCIDENT WAS UNDERLYIN	C Dit Tibe	E OF INJURY	DI- HOW W	YES NO			161	
		OR CONTRIBUTING COLCAUSE OF DEAT	H HOUR A		ZIC ROW IN.	TOKY OLLUKKED (ENTE	r noture of injury in Port	i yr 20fi Z, 110f	TI 16.}	
1	MEDICAL	(If either, notify medical exami	PLACE OF INJUI	M. 1	GORY 1 DIE LOCATIO	A. Chank on D.C.D. At-	City or Town		/ t- t-	Stote
		While Not while of work	FLACE OF INSUI	OFFICE BUILDING, ETC.	7 ZIT LOCATIO	N Street or R.F.D. No.	FILL OL TOWN		Conty	31018
		220 Leastifu that (1) (th	r hospital)	attanded the decase	ad from Cha	4 9 9 10 /	to Character	14 10 /	Se that a	Marsh forth
		22o. I <b>certify</b> that (i) (the saw the deceased a	ive an	menueu me deceos	1968, and the	t in (my) Your) opi	nion death accurred	on the dote	and hour a	nd from the
		causes stated abave	, (I) (we) (d	id) (did not) view the	bady after death	1				
		22b SIGNATURE		2 - 1	\	ATTENDING	STAFF		E SIGNED	
		John	2 C	الملاسح	LeupEGREE	PHYS D	RECTOR PHYS.	0 8	111/6	8
		22d PHYS CIAN S NAME (Type)			1	22e ADDRESS				
L										
2	?3o	BUR AL, CREMATION, 23b.			CEMETERY OR CREMA	ATORY	23d LOCATION (City or	Town)	(County)	(Stote)
			<b>3/18/</b> 6		Wesley	lac neces b	Princess Y REGISTRAR 256	Anne	Md	
$\wedge$		FUNERAL DIRECTOR	noa T-	ADDRESS		2SO REC'D B		REGISTRAR'S SIE	NATURE	
XL	ų.	illiam H Jar	nes ol	.r.Tilcess	Mille, M	DATE AL	JG 2 1 1968	- June	TON YOU	7

MAKTLAND STATE DEPAKTMENT OF HEALTH



	MARTLAND STATE DEPARTMENT OF HEALTH											
%	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
-		12822 CERTIFICATE OF DEATH										
# -24		CEASED-NAME First Middle Last , 2a. DATE OF DEATH 2b. HOUR ype ar print)										
death.	L.,	MARGARET E, COLLICIC Hugust 20 1968 5 PM										
of the second se	3 SE											
y the Poges ours aff	<u>L</u>	12 mole 10 gro 3-20-1006 82 485										
executed within 24 hays to completely filled in By emaye carbon papers. Pany event, within 72 hou	7a E	PRETHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH										
24 h d in pers. 72 h	COLI	IRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   B MARRIED   NEVER MARRIED   9. COUNTY OF DEATH  WIDOWED D DIVORCED   WICOMICO Md  WINDOWED D DIVORCED   WICOMICO Md										
fille fille	HIU. L	11) OK 194W OF DEATH 1: WAME OF HOSPITAL OK INSTITUTION PROBLEM 1120 DISDICT OCCUPATION LKING OF WORK GOING 12D KIND OF BUSINESS OK										
executed within 24 hound campletely filled in remaye carban papers.		partsbury-reninsula General nospital										
ent, co ent	13a	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d IMSIDE CITY JIMITS? 13e STREET AND NUMBER SSIGN) STATE 13b COUNTY 125 TAND 125 TA										
e e e	Guits	MARYland Jab COUNTY WORCEStee Beelin YES NO R.F. D#3 Box210										
in any	14. !	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last										
n an	L	Milbel Dickerson HARGARET Johnson										
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the haspital ar attending physician. The inspection and campletely filled in by the twested far use as the burial-transit permit. Then please remave carban papers. Pages 1 Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown)   (If yes give war or dates of sanve)   16b. SOCIAL SECURITY NO.   17. INFORMANT   Address										
phys sval												
ng I The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY  I MANDEDIATE CAUSE (a)  COLUMN COLUMN CAUSE (a)  COLUMN COLU										
eath endi		PART I DEATH WAS CAUSED BY Clerelluck Occupancy 12 cally										
atte atte an,		42.9 DUE TO, OR AS A CONSEQUENCE OF										
t the sit i		Conditions, if any, which gave (b) (b) (b)										
tha by ran		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
res sicio		lost. (c)										
phy phy sign burn burn		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
ing en the	8											
s be as to a sorian	Ē	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?										
at past	CERTIFICATION	YES NO										
rate ar u		21a ACC DENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)										
D tight and the	MEDICAL	(If either, notify medical examiner) P.M. 19										
HYS has sche oche	포	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State White Not while 1										
det this e D		at work at wark										
be State		22a. 1 certify that (1) (this haspital) attended the deceased from 0 0 , 1950, ta 0 , 1950, that (1) (we) last sow the deceased olive on 2 0 1960 and that in (my) (our) apinion death occurred on the date and hour and from the										
R. 4 ENI		sow the deceosed olive on 3 2 0 190 and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
AT O SHE		22b SIGNATURE ~ 22c DATE SIGNED										
d w		10 2 100011 R GOOR , DEGREE PHYS DIRECTOR D STAFF DISCOURS STAFF DIRECTOR D PHYS D										
A by by by by by file		22d. PHYSICIAN'S 22e. ADDRESS										
PIT. FRA		NAME (Type)										
TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the d Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirectar, page 3 shauld be detached far use as the burial-transit pershauld be filed with the State Dept. af Health priar ta burial, crematian,	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)										
5 5 5 F 4		PHYSOLOGIVAL 8-24-68 DAVIS SYNEPUXENT WORK-Md.										
VR A15 (A), A	24.	FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE										
30M REV		Foretta B. Solley Jersey Fisherbury DATESEP 5 1968 Icharles Judge										



MARYLAND STATE DEPARTMENT OF HEALTH

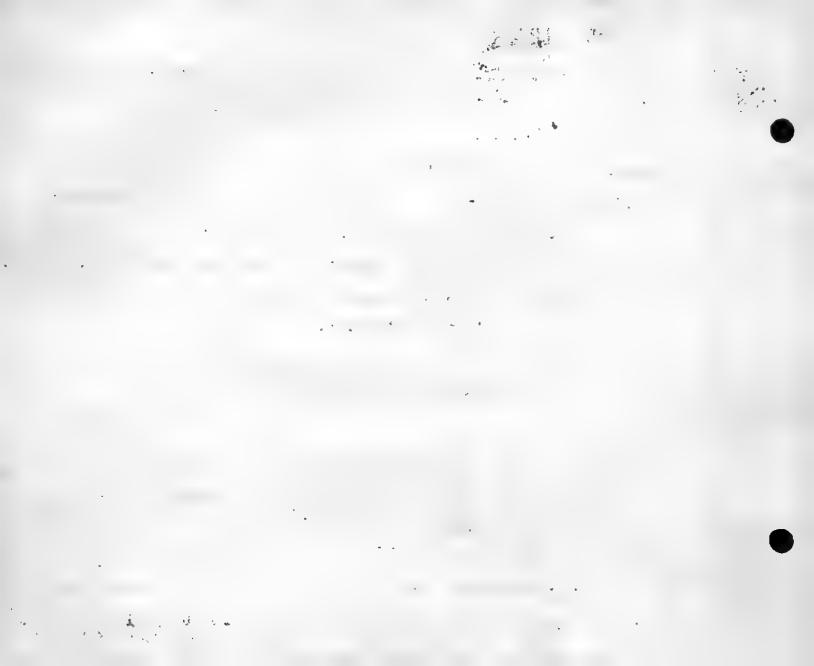


The state of the s	1	All the second	DIVISION (	OF VITAL RECORD				E, MARYLAND 21201	4000			
	L	14	224		CERTIFICA	TE OF DEAT			1223	4		
€ 25€		Time or print)	irst	Middle		Lost	20.	DATE OF DEATH	D V	2b. HOUR		
9 ( 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Ľ	M M	ARY '	FRANCES	COOF	ER			0 1968°°	1:40PM		
	3. 5	EX	4 RACE		S.	DATE OF BIRTH		6. AGE (In years last, birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS.		
the the soft	١.	Female	Colo	red		9/21/9	2	(OST, DICEOGY)	RS. MONTHS DAYS	HOURS MIN.		
by by	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 (0)	NTY OF DEATH				
4 h	COU	ntry) Marvland		USA	WIDOWED [			WICOMI	CO	Md.		
ille Financial	10	CITY OR TOWN OF DEATH	11	. NAME OF HOSPITAL OR	INSTITUTION (If not	in hospital 12a	USUAL OCCL	IPATION (Kind of work do	ne 125 KIND OF	BUSINESS OR		
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the haspital or attending physician. This certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the unital permit. Then please has been papers. Pages to a signed by the burial, crematian, or removal, and in this event, within 72 hours after death.	ш	Salisbury	⊅%	er's Head	State Ho	spital	ng most of v Labo	vorking life, even if retire	d.) INDUSTRY	ne		
d v d v d v d v d v d v d v d v d v d v	130.	LSUAL RESIDENCE (Where de	eosed lived, if instr	tution: Residence before			E CTY LIMITS?	13e. STREET AND NUMBER				
cute Server	odn	Maryland	Talbo	t	Eastor	YES 🗀	NO 🔲	Rt. #L. Bo	x 136			
× × × ×		FATHER'S NAME First	M.ddle	Lost	15. 1	NOTHER 5 MAIDEN NA	AME First	Middle		Lost		
a E E	1	Tom		Cooper	17/	ones net			Johns			
Grand ate		. WAS DECEASED EVER IN U.S	ARMED FORCES?	16b SOCIAL SECURIT	Y NO 17. INF	argaret ORMANT		Address	\$			
	1	Yes, na, ar unknown) (Hyes o	iva war or dates of service)	220 03	8979 R	setta S	mith.	RFD#4, Bo:	x 150, Ea	ston		
Table Land		18. CAUSE OF DEATH (Enter	only one couse ner	line for (a) (b) and (						MATE INTERVAL NSET AND DEATH		
ath regin	1	PART I. DEATH WAS CA	USED BY. EDIATE CAUSE (a)			. Right I	ano			lays		
de de lifter n', o		475 Y	. , , _	R AS A CONSEQUENCE O		10.220.10	Doc-NP					
the of the other		Conditions, if any, which ga	ve) "	K AJ A CONJEGUENCE (	<b>)</b> (							
hat J. th		rise to immediate couse (		R AS A CONSEQUENCE O	)F							
d b	П	stating the underlying coulost 4	se (r)	ii ya yi domataotiide i								
luire igne uria	П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
red n sign	l_		-	s and Diab								
bee tri	18	190. DATE OF OPERATION	9b. CONDITION FOR	WHICH OPERATION WAS	PERFORMED	2Da. AUTOPSY?		20b. IF YES, WERE FINDING	GS CONSIDERED IN CE	RTIFYING		
atte and )	CERTIFICATION						10 💢	CAUSES OF DEATH?				
and		210 ACCIDENT WAS UNDER	YING 216 TIME	OF INJURY	21c HOW	_		of injury in Port 1 or Part	2, Item 18.)			
ifico Haran	MEDICAL	OR CONTR BUTING CAUSE OF	DEATH HOUR A.F	M. Manth Day Ye	ar 19		•					
YSI asp cent cent thed	읳	21d. INJURY OCCURRED	I.e. PLACE OF INJUR		FACTORY.) 21f LOCA	ITION Street or R.F.	.D. Na.	City or Tawn	County	Stote		
P.H. his his etac Deg		While Not while of work		OFFICE BUILDING ETC.	/				,			
N Y THE GOTTE OF THE COLUMN THE C	1	22a. I certify that (IA-	(this haspital) a	ittended the deced	ised from Ju	ne_10	19_68.	to August IC	19 68 that	00 (we) last		
OR ATTENDING De retained by the INECTOR: After it of 3 should be ded with the State	П	22a. I certify that (1)- sow the decease	dive on Au	gust 10	_19 <u>_68</u> , and 1	hat in (MY) (our	) apinian d	leath occurred an the	date and haur	and from the		
OR Single	П		o <b>ve, (N. (</b> we) (di	t weiv (MXMK) (b	e bady ofter de	ath						
ECT WITH WITH WITH WITH WITH WITH WITH WIT	П	22b SIGNATURE	VI. al.	$\nu$ .	13	ATTENDING ,	n MED	STAFE I	22c. DATE SIGNED			
		0,1	VICEC	my	DEGREE	11113	DIRECTOR	PHYS.	8/12/68			
TAI Port Portion		22d. PHYSICIAN'S NAME (Type) + TF	16-7-2	1/ D -		22e ADDRESS	Y 3 G			24.2		
NER TOTAL	$\vdash$	Le V	. Maldve,					tate Hospita				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifit Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar, page 3 should be detached far use as the burial-transit permit. Then shauld be fised with the State Dept. at Health priar ta burial, crematian, or removal	23 o	DEMOVAL (Charify)	Bb DATE		OF CEMETERY OR CE			LOCATION (City or Town)	lbot, Man	(State)		
5 5 5 v	24		8/13/68	Will	amsbur	7 Jac- 80	ECD BY REGIS		AR'S SIGNATURE	ATSHO		
VR A15 (1) 30M REV. 1768		FUNERAL DIRECTOR Barbara T T	11						liante gu	det.		
SUM NEV. (100)		Barbara L.D	ashiell	426Dove	r St. Ea	ston DATE	AUG I	D 1900				

MAKYLAND STATE DEPARTMENT OF HEALTH



,		12225			CATE OF	DEATH			. 193	i)
	DECEASED NAME Fir (Type or print)	31	Midd1e		Last	2	o. DATE OF DEATH		Voes	2b HOUR
	JOH				CORBIN			rust 3 Doy	1968	7:05P
3. S	Male "	4. RACE	eđ		S. DATE OF E		lasi	GE (In years I birthdoy) I A YRS.	MONTHS DAYS	HOURS MIN
70	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WI		8. MAPPIE	D 🔲 NEVER MA		OUNTY OF DEAT	7-7		
CGII	mty)	U.S.A.		WIDOWE		ORCED	WICOM	TCO		Md
	CITY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR IN street pooress) er 8 Read	State	not in hospital	120 USUAL O	CCUPATION (Kind of work ng life, e	of work done	12b. KIND OF B INDUSTRY	
130	USJA, RESIDENCE (Where deci	ased lived, if institut	ion. Residence before	13c CITY		136 INSIDE CITY LIMITS?		AND NUMBER		
adır	Maryland	13b COUNTY	ice		sbury	YES 🔼 NO 🗌		7 Delawa	re Aven	ue es
14.	FATHER'S NAME First	Middle	Last			MAIDEN NAME First		Middle		Lost
			Corb	1 -	Rosa	Johr	nnon			
Ióo	Jan b. Was deceased ever in U.S. A	RMED FORCES?	16b. SOCIAL SECURITY		. INFORMANT	9000	TROU	Address	Cal4	sbury
	Yes, no, or unknown) (If yes and	e war or dates of service)				Corbine	604 14			# out. A
_	T		1 (1 2)		SINC 1		004 0	TAINITE 40	APPROXIM	ATE INTERVAL
	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU									SET AND DEATH
	IMME	DIATE CAUSE (a) 121	<u>etastatic</u>		noma of	pancres	3		9 mon	tns
	Control of the second		S A CONSEQUENCE OF						2	
	Canditians, if any, which gov rise to immediate cause (o	101	arcinoma d		mach.				l yea	r
	stoting the underlying cous	DUE TO, OR /	IS A CONSEQUENCE OF							
	lost.	(t)								
	PART 2, OTHER SIGNIFICANT O			IOT RELATED	TO THE TERMIN	AL DISEASE OR COND	OITION GIVEN IN P	'ART I(o)		
苦	/3/ X Obstru	ctive jau								
CERTIFICATION	196 DATE OF OPERATION 19	b CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20o. AUT			WERE FINDINGS CO	ONSIDERED IN CEI	RTIFYING
THE					YES [	] № Д	CAUSES OF D	CAIM?		
					HOW INJURY OF	CURRED (Enter nat	ture of injury in f	Part 1 or Part 2, 1	tem 18.)	
MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF D (If either, notify medical exa	eath HOUR A.M. miner) P.M.	Month Day Year	9						
WE.	While Nat while at work	e. PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		LOCATION Stre	eet ar R.F.D. No.	City ar To	wn	County	State
	22a.   certify that ()	this haspital) atta	ended the deceas	ed from	July 1	, 19_68	to Augu	st 3 . 19	60 that	(We) los
	22a. I certify that (1) (5) sow the deceased	olive on_Aug	ust 3	19 60,0	nd that in (d	(our) opinio	n death occur	red on the dat	te and hour a	nd fram the
	causes stated abo	ve, (🏿 (we) (did)	(XXXXX) view the	bady afte	r death.					
	22b. SIGNATURE	inuc	e and C		ATTEND GREE PHYS.	ING MED.	TOR STAI	FF 🖾 8	/5/68	
	22d. PHYSIGAN'S NAME (Type) C . N.	Winnacet	t. M. D.		22e. AD	oress r's Head	State H		Salish	
00	U. R.	# . ++.		CEMETERY						
230	o. BURIAL, CREMATION, 23 REMOVAL (Specify)	DATE O CO			OR CREMATORY		3d LOCATION (Cit		(County)	(State)
0.4		8/8/1968	B Greet		.62	Jaca Decip DA Da	SCIENCE CARTES	TY Wie		Md.
1	FUNERAL DIRECTOR	How A	- Jalia	n	1.	2Sa. REC'D BY RE	1 2 1968	fills	wes Ju	192
~	union of	Jumpy	MUL	MA	1	DAIL TTO W		<u> </u>		7



	1		AND STATE DEPARTMENT OF HEALTH	LADVIAND ASAAS
1		1.222 R	OS, 301 W. PRESTON STREET, BALTIMORE, N CERTIFICATE OF DEATH	MARYLAND 21201 · 136
death. erai and 2 death		EASED NAME First Middle pe or print) Fenton William	Davis 20 DATE	OF DEATH  OF DEA
24 hours after death. do in Winstern erai pers Pages   and 2 72 hour after death	3 SE	MALE White	s date of Birth Aug. 10,1906	6 AGE (In yeors FUNDER LYRAR IF UNDER 24 HRS NOHTHS DAYS HOURS MUN.
Med in the papers papers nin 72 hour		RTHPLACE (Store or foreign   7b. CITIZEN OF WHAT COUNTRY?   USA	8 MARRIED NEVER MARRIED 9. COUNTY WIDOWED DIVORCED Wi	OF DEATH COMICO Md
within 24	2	alisbury Peninsula	General Hospital Sh	10N (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY Shirt
complete complete complete configuration of configuration	13a odm	ISLAL RESIDENCE (Where deceosed hyed, if institution, Residence before) STATE $Md$ . 13b. COUNTY $Wicomic$	ore 13c CITY OR TOWN 13d INSIDE CITY JAMIS? 13e	street and number owellville—SnowHill Rd
e remo	14, 1	THERS NAME First Middle to Winfred Davi		Middle Lost Timmons
hysiciar n pleas val, and	160. Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  [Il yes give wer or dates of service)  [Il yes give wer or dates of service)	Mrs. Esther Trui	Address tt Pittsville, Md
Page 4 may be retained by the haspital or attending physican.  • FUNE ALD DIRECTOR: After this certificate has been signed by the attending physician and campitally fued in director, page 3 should be detacted for use as the burial-transit permit. Then please remove carban paper should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72	CERTIFICATION	18. CAUSE OF DEATH (Enter only one couse per hose for (a), (b), and PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE (b).  Stating the underlying cause (c).  PART 2 OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BE 190 DATE OF OPERATION.  190 DATE OF OPERATION.  190 CONDITION FOR WHICH OPERATION WAS	OF  IT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION G  SPERFORMED 200 AUTOPSY? 206	BETWEEN ORSET AND DEATH  FIVEN IN PART 1(a)  D. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING USES OF DEATH?
O FUNERAL DIRECTOR: Of this cartificate of director, page 3 should be detached far a shauld be filed with the State Dept. of Health	MEDICAL CERI	TO ACCIDENT WAS UNDERLYING    DOR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy No.	19	City ar Town County State
<b>RECION:</b> Arrer in 3 should be de de with the State [		220 I certify that (I) (this hospital) attended the decision sow the deceased above, (I) (we) (did) (did not) view 22b SIGNATURE	19, and that in (my) (our) opinion deal	th occurred on the dote and hour and from the
NERAL DI for, page ild be filed			ore 22e. ADDRESS	
of direction with the state of	L	36MQVA (5perily) 9-2-1968 St.	Johns Cemetery Por	ATION (City or Town) (County) (Stote) Wellville Vico. 1id.
VR A15 (4)) 30M REV. 1 68	24	Thomas F. Jallace Sali	RESS 250 REC D BY REGISTRAL DATE SEP 3	1968 yuranlas yurga



_			t .	- IMARILAND STATE DEPARTMENT OF HEALTH
190	1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	•		L	1229 CERTIFICATE OF DEATH
	= =====================================			ECEASED NAME FIRST Middle Last 20. DATE OF DEATH 2b. HOUR
	3 / 3/2/3		1	Type or print) Cappie WOOTTEN Dennis August Day 1968 842
	1 2		3. 5	
	after ag after			(art hydrogy) Mounted Days Molins Min
_	Page Lus		1	
	S. Shou			BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
	24   d   rr d   rr 72			Delaware OSA MIDOMED DIVORCED WICOMICO MG
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after be retained by the hospital or attending physician.  DIRECTOR: After this certificate has been signed by the ottending physicial and completely filled in by the full is 3 should be detached for use as the burial-transit permit. Then please contour papers. Pages ed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after		10 6	alisbury - Peninsula General Hospital  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital distribution of DEATH Housewife Housewife Industry Housewife Industry Housewife Industry Industry Housewife Industry Industry Housewife Industry Industry Industry Housewife Industry Indus
	wirberth w,		120	JSUAL RESIDENCE (Where deceased uved, if institution, Residence before   13c CITY OR TOWN   13d ASIDE CITY LIMITS?   13e STREET AND NUMBER
	pale policionario	31	adm	Issign) STATE 13b COUNTY
	SCUT TOT OVE			Maryland Wicomico Mardela Bridge Street
	ouy only	i	14	FATHER'S NAME First Middle Last S MOTHER'S MAIDEN NAME First Middle Last
	2 5			James S. Donaway Louisa Andrews
	# 6 8 E		16a	WAS DECEASED EVER IN . S. ARMED FORCES? 366 SOCIAL SECURITY NO. 17 INFORMANT (S.O.D.)
	5 25			(os no or inventual)   Ill yes give wor or goles or service)
	phy en ove		<b> </b> "	The state of the s
	ot the death cer the ottending prosit permit. The		1	18 CAUSE OF DEATH (Enter anly and couse per the or (a), (b), and (c)) PART - DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  OF DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  OF DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  OF DEATH WAS CAUSED BY
	and and			PART. DEATH WAS CAUSE OF POPULATING CONTRACT CON
	offer erro			4/0 9 DUE TO, OR AS A CONSEQUENCE OF
	the children the			Conditions, if any, which gave }
	to . # isu			rise ta immediate cause (a). ( (b)
	中国もお言			stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	quires tho physician. signed by buriol-tron			last (c)
	phd sign phu			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	en and ot		2	<u>"</u> ,
	lay ndi s fl		18	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	he of the	X	문	YES NO CAUSES OF DEATH?
	er e		CERTIFICATION	21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
	A Popular			GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
	SIC Participation of of		MEDICAL	(If either, natify medical examiner) P.M. 19
	by PHYSICIAN: The law no he hospital or attending this certificate has been detached for use as the about of Health prior to		≥	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. Na. City at Tawn Caunty State
	10年 11年 11日			While Not while at wark
	VDING d by tl After d be d e State			220. I certify that (1) (this hospital) attended the deceased from
	d b d b d b d b d b d b d b d b d b d b			say the deceased prive on 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated applies, (i) (we) (did) (did not) view the body after death
	an Selection			courses stated books, M, (we) (did) (did not) view the body ofter death
	A S C S E		_	22% SIGNATURE 22% DATE SIGNED
	OR O			DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS. D August 1, 1968
	N V V V V V V V V V V V V V V V V V V V	1	Ī	22d. PHYSIGIAN S 22e. ADDRESS 2
	M W da		1	MEMERTYPE DAVID Solmane Medical Center, Salisbury md
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifit Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phydirector, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or removal		22.	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	age direction		Z30.	PENOVAL (C)C \
	5 5 5 ± ∞			
	VR A15	4/2 4	24	FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 250 REGISTRAR S SIGNATURE
	30M REV	1/04		HOLLOWAY & COMPANY, SALISBURY, MARYLAND DAAUG 5 1968 Illiantes Jusque



	1	MARTLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
8 000	1	12228 CERTIFICATE OF DEATH
€ _7.€		CEASED-NAME 7 First - Middle Lost 20. DATE OF DEATH 2b. HOUR
unerpl unerpl mand 2	(1	YDE OF PRINT! KHONA . MAE ELLIS AUGUST DOY YEOTOGS 4 PM
b FA	3. SE	X - 4 RACE S. DATE OF BIRTH 6 AGE (In years   IF UMDER 1 YEAR   IF UNDER 24 HRS.
after after		FEMALE WHITE Sept-13-1885 OST ANT HOURS MIN
haurs haurs		SIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED PT NEVER MARRIED PT NEVER MARRIED PT
# - E E &	cont	WIDOWED DIVORCED WICOMICO Md.
Filled Page 1		ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
with the with	S	alisbury-Peninsufa General Hospital during most of working life, even if retired.) INDUSTRY/ OR &
d v carb	13a	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CTY LMITS? 13e. STREET AND NUMBER
cute amp ve (	odmi	ssian) STATE Da, Jab. COUNTY Accorded Sayis YES NO Basics.
d cony	14. (	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
be an in a		Thomas Evans Rellie Linton
ate iciar leas and		WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17 INFORMANT Address
PHYSICIAN: The law requires that the death certificate be executed e haspital ar attending physician. his certificate has been signed by the attending physician and cample stacked far use as the buriol-transit permit. Then please remave call Dept. at Health priar to burial, crematian, ar remaval, and in any event	Ľ	es, no, or unknown) (tryes give war or dates at service) 229-07-6264-A. Mrs Mary Linton - Saxis. Un
Ted German		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
ndir.		PART I DEATH WAS CAUSED BY Contrell selection dead delan central
o de		DUE TO, OR AS A CONSEQUENCE OF
the the sit p		Conditions, if any, which gove
hat n. ans		rise to immediate cause (a). (b) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
es t sicia sicia sicia planta planta		last. (c)
origine urio		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a)
ng l	2	
law bee	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
A has been X	CERTIFICATION	YES NO CAUSES OF DEATH?
ar ar eath	GER.	210. ACCIDENT WAS UNDERLYING 216 TIME OF IN. JRY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
CIA if figure in the life of t	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19
YSI nosp cert chec	墨	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State
His this eta		While Not while of work
ATENDING standed by the crown of the standing be should be de on the state		22a. I certify that (i) (this haspital) attended the deceased from 6 4 , 1908, ta 6 5 4 , 1968, that (j) (we) last
ND A b b d b d b d b d b d b d b d b d b d	ш	sow the deceased give an 8-51 190 and that in (my) (aur) aninian death accurred an the date and haur and from the
Page H		causes stated abave, (i) (we) (did) (did nat) view the body after death.
with with with with with with with with	L	22b. SIGNATURE OCO STAFF 22c DATE SIGNED
L OR be r DIRE		DEGREE PHYS DIRECTOR PHYS DIRECTOR PHYS
TAI RAL Po Po Po Fe fe		22d PHYSICIAN S NAME (Type) 22e. ADDRESS
NEP 4		TO THE PARTY OF CONTROL OF CONTRO
Page 4 may be retained by the haspital or attending physician.  For Function of Partition or attending physician.  For Function of Function of Partition or attending physician.  For Function of Function of Partition or attending physician and completely falled director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon per should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within	230	ABURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)
5-5	<u> </u>	FUNERAL DIRECTOR DADRESS 250 REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV 1/68	24	ALCON 1000 Williams Contracts
PO141 ##4 17 DB		ames 1. For someward, 1a. DATE AUG 21 1300 forther

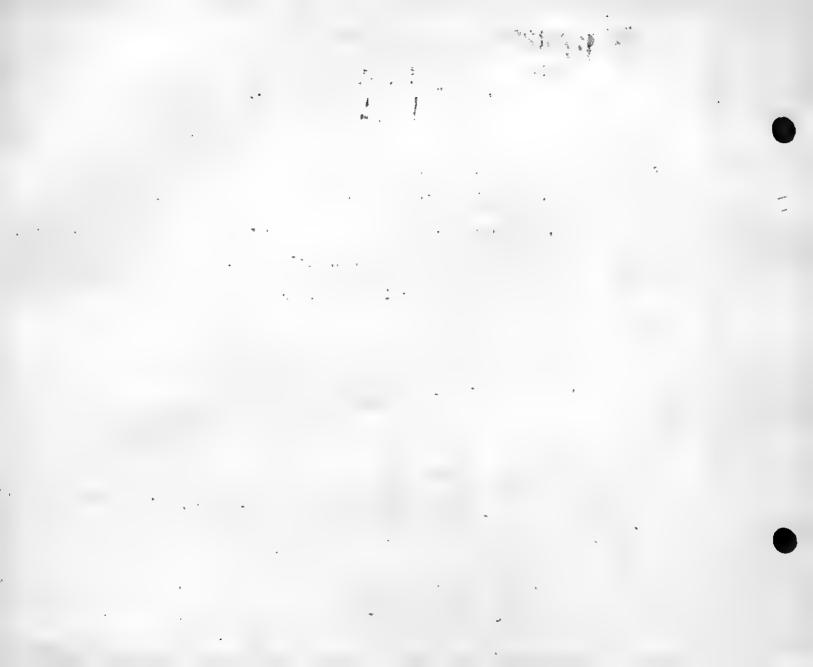


1				DIVISION OF VITAL RECORD		RESTON STREET, BAI		RYLAND 21201	. 00	
			12	225		ATE OF DEATH	, , , , , , , , , , , , , , , , , , , ,		. 33	
£ 18 £		CEASED NAME 'ype or print')	First	· Middle		Lost	20. DATE OF		Van	2b HOUR
	Ľ		WALTE		F/	ARLOW		August	/ 1968	6:55PM
	3. SI	x Male		4 RACE White		June 29,189	91	6 AGE (In years lost birthdoy) YRS		HOURS MIN
hours in by ers. P		BIRTHPLACE (State or for	eign 7	CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
24 h		Maryland		USA	WIDOWED			MICO		Md.
within 24 hours ely filled in by the oan papers. Pow within 72 hours	10, (	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR give street oddress) Peninsula		Hospital Re	UAL OCCUPATION most of working etired =	(Kind of work done life, even if retired.) Hatcheryn	12b. KIND OF BU INDUSTRY Iain	ISINESS OR
executed with and completely remove corban nony event, with			e deceosed	lived, if institution Residence before 13b. COUNTY Wicomico		TOWN 136. NSIDE CITY		REET AND NUMBER		
and con remo	14	ATHER S NAME Firs		Middle Loss		MOTHER'S MAIDEN NAME	First nnie	Middle	Jarn	lost nan
physician en please oval, and	16a	WAS DECEASED EVER IN	US ARMED			INFORMANT(Wife)	Farlow,	Address Pittsvill	e. Mary	and
at the deoth ce the attending nsit permit. The motion, or rem		18. CAUSE OF DEATH PART 1. DEATH WA Conditions, if any, whi rise to immediate cor stoting the underlying last.	S CAUSED E IMMEDIATE th gove) Ise (o),	One couse per line for (o), (b), and BY: CAUSE (a)  DUE TO, BR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)	(4). e- 70:1 OF (0)	At. b	eser	Joses .	APPROXIMA BETWEEN ONS	TE INTERVAL
JING PHYSICIAN: The low requires the by the haspitol or ottending physician. Ifter this certificate hos been signed by be detached for use os the burial-tro. State Dept. of Health prior to buriol, cre	CERTIFICATION	PART 2 OTHER SIGNIFITED X 190. DATE OF OPERATION		TIONS CONTRIBUTING TO DEATH BU		O THE TERMINAL DISEASE OF 20a. AUTOPSY?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc	20b 1F	N IN PART I(o) YES, WERE FINDINGS COOP DEATH?	ONSIDERED IN CERT	TIFYING
SICIAN: spitel or strificate ed for u	MEDICAL CER	21o. ACCIDENT WAS UIT OR CONTRIBUTING CAL (If either, notify medical	USE OF OEATH ol exominer		or 19	OW INJURY OCCURRED (En			·	
G PHY:	25	21d, INJURY OCCURRED While Not while at work	7			DCATION Street or R.F.D. N		or Town	County	Stote
OR the r		22b. SIGNAMIRED	(I) (this osed aliv i above, (	hospitol) ottended the dece re on (1) (we) (did not) view 1	osed from 1925, on ne body ofter	REE PHYS	pinian deoth	STAFF 22c.	te and hour or  DATE SIGNED  August 7	(we) lost and from the // 1968
O HOSPITAL Poge 4 may O FUNERAL I director, pog should be fil		22d PHYSICIANS NAME (Type) Dr		M. Beardsley				venue, Sal		Md.
2-2		BURIAL (Specify)  REMOVAL (Specify)  Burial	23b DA	ust 10,1968 Piti		Cemetery	Pittsv	ille, Wico		yland
VR A15 (4) 30M REV 144 0	24	FUNERAL DIRECTOR HOLLOWAY	S COM	PANY, SALISBURY		AND DATE	BY REGISTRAR UG 12	1968 REGISTERS	The factor	3



Section 1		, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	( (0 ()
(Time as arial)	rsi Middle	Lost	20. DATE OF DEATH	2b HOUR
(Type or print) Bar	bara Margaret	Field	August 9	1968 2 P.M.
3. SEX Female	4 RACE White	s. Date of Birth June 6, 187	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IE UNDER I YEAR IF JINDER 24 MRS AONTHS DAYS HOURS MIN
7c. BIRTHPLACE (Stote or foreign country) Mil scoolard	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
Missouri Missouri	U.S.A.	WIDOWED DIVORCED	Wicomico	Md.
10. CITY OR TOWN OF DEATH Salisbury	II NAME OF HOSPITAL OR IF give street addresss  Storinghill S	STITUTION (If not in hospital 120 USUA during miles	AL OCCUPATION (Kind of work done ost of working life, even if refired )	126 KIND OF BUSINESS OR INDUSTRY
13g. USUAL RESIDENCE (Where deci	eosed lived, if institution Residence before re 136 COUNTY New Castle	13c. CITY OR TOWN 13d INSIDE GTY LI		?
14 FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME F	irst Middle	Lost
	s Christian Feldm		nanna	Lauterbach
160 WAS DECEASED EVER IN U.S. / Yes, no. or unknown) (If yes gr NO	RMED FORCES? We war or dotes of service)  16b. SOCIAL SECURITY	J. C. Field	Address R. F. D. # 5 Sali	
18. CAUSE OF DEATH (Enter	only one couse per line for (o), (b), and (c) SED BY:	).)		APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH
PAKI I. DEATH WAS CAU	DIATE CAUSE (0) Crebr	al thrombosis		1 day
433,9	DUE TO, OR AS A CONSEQUENCE OF			
Conditions, if any, which gov rise to immediate cause (o	), ( (b)			
stating the underlying cous	~ 1	_		
	CONDITIONS CONTRIBUTING TO DEATH DUT I	NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION CIVEN IN PART 1/-1	
Li wy nrowie		hrombosis	ONDITION SIYEN IN PART I(0)	
190. DATE OF OPERATION 119	%, CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CON	NSIDERED IN CERTIFYING
190. DATE OF OPERATION 19	The state of the s	YES NO	CALICEC OF DEATING	The second live
			noture of injury in Port 1 or Port 2, Ite	18.)
The contributing cause of a contribution cause of a co	EATH HOUR A.M Month Doy Yeol	r 19	, ,	
While Not while	THE PLACE OF INJURY (AT HOME, FARM, STREET, FA	ACTORY.) 21f. LOCATION Street or R.F.D No		County State
22a. I certify that (I) (	this hospital) attended the deceas	sed from 1904, 190 1968, and that in (my) (aur) api body after death.	58, ta 8/7, 198	that (I) (we) last
saw the deceased	alive an	19 🕰 , and that in (my) (aur) api	nian death accurred on the date	e and hour and fram the
22b SIGNATURE	(i) (we) (dig) (dig not) view the	40	22c DA	AZÉ SIGNÉD
Jally L	foutsel 1	DEGREE PHYS D	IED. STAFF D 87	9/68
20d. PHYSICIAN'S		22e ADDRESS	- i	7 -0
	M. Beardsley		ury, Md.	
230. BURIAL, CREMATION, 23 REMOVAL (Specify)	3/12/68   Chest	CEMETERY OR CREMATORY CEREMONE CEM.	Chestertown,	(County) (State)
24. FUNERAL DIRECTOR	Chest	ertown, Md. 250 REC'D B	Y REGISTRAR 2Sb. REGISTRAR'S SI	IGNATURE COMPARA

MAKTLANU STATE DEPAKTMENT OF HEALTH



The state of the s	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 0
FOR STATE		1223% MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 241
HEALTH-DEPT.		ECEASED-NAME & First Middle Lost 20 DATE KNOWN   Month	Doy Year 2b HOUR
· 도 현 용/ 열	Į	Type or Print)  JOSEPH:  BERNARD  FIELDS  OF ESTI- DEATH MATED   8/26	6 1968 ,
5 m	3 5	EX 4 RACE S. DATE OF BIRTH 6 AGE (in years LE JINDER 1 YEAR F JINDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
and and M3		Male White October 19,1881 80 YRS MONTHS ONYS MUR August 26	Year 168 N
2, 2, P		BIRTHPLACE (Stole or fore.go 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
1 E O	CONU	Maryland USA WIDOWED DIVORCED WICOMICO	M
The state of the s	10.	ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done	. 26 KIND OF BUSINESS OR
-0\ a = 10		Salisbury   Peninsula General Hospital   Laborer	INDUSTRY Care-taker
s after 18 GV olohg	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
× - ~ ~		USUAL RESIDENCE (Where deceosed lived, it institution Residence before 13c City OR TOWN    136   Maryland   13b. COUNTY   13b. COUNTY   13b. COUNTY   13c. Salisbury   13c. Sali	
haurs aff Hem 18 ( Office ald Tand 2 wit	14. 1	WINDER 2 MAINTE L 21 WINDER FOR TORI 12' WINDER LAZI WINDER	Lost
4 6 8 8 8		George Handy Fields Annie	Washburn
executed within 24 nding" in pencil in Medical Examiner's permit. File pages at within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown)   (If yes give wer or dates of service)   16b. SOCIAL SECURITY NO   17. INFORMANT (Son)   ADDRESS R.D.	
within pencil Examine Examine File pag		(es, no, or unknown) (If yes give wer or dates of service) 213-16-8900 Mr. William L. Fields, Salisbury	
ecuted ling" in edical E ermit. F		IB. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) ) PART 1 DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in inef Medica! I insit permit. I event within.		IMMEDIATE (AUSE (o)	Suchelen
be exemple and met Me		DUE TO, OR AS A CONSEQUENCE OF	l.
d be d be the transit transit ty ever		Conditions, if only, which gove I rise to immediate couse (a), (b)	Jen
shauld be on the ward "pe a the Chief bursal-transit in any ever		stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	14
sh of the value of		(c)	
is certificate shaulte, writing the war farwarded to the le used as a burial-removal, and in an		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rtifir ritin vard val,	NO.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
s certification with the control of	FICAT	WAS PERFORMED?	
at a per a p	CERTIFICATION	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite.	
援 등 분 기		PRIMARY OR CONTRIBUTING HOUR A.M.	p. 10 }
INE sha sha files 3 sh atro	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: cute the certifage 4 shauld your files. Poge 3 shauld tremation,		WHILE NOT WHILE TOCTORY, Office building, etc.)	3,010
		22a. I certify that I took charge of the remains-described above, held an Autopsy , Inspection X, Inquiry X	and in my apiniar
E S S S S S S S S S S S S S S S S S S S		death resulted fram Natural causes A. Accident J. Suicide J. Hamicide J. Undetermined manner	
ase ase to the total tot		CHIEF MEDICAL EXAMINER	_
ry, pleaseral direction RAL DIRE		ACTUAL SIGNATURE AND ASS STANT MEDICAL EXAMINER 226. DATE S	IGNED
UT) dry, dry, be be properties by properties		EXAMINER'S Earl L. Royer, M. D. DEPUTY MEDICAL EXAMINER X Augus	- 7h
ro DEPUTY necessary, pl the funeral of S may be re to FUNERAL I Health prial		NAME (Type) 409 Camden Ave. Salisbury. Md. ADDRESS(Street, city, town, or county)	
5 + 6 5 + 6 + 6 + 6 + 6 + 6 + 6 + 6 + 6	230	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d .OCATION (City of Town)	(County) (State)
- 3		Burial August 29,1968 Shad Point Cemetery Salisbury, Wicomi	co.Maryland
843	24	FUNERAL DIRECTOR ADDRESS 250 REQUIREM 96856 RECONCERS	10 million of the
VR A15ME (5) V		HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE	0 4

	1	MARTIAND STATE DEPARTMENT OF HEALTH	
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  12232 CERTIFICATE OF DEATH	4
A	ī. D	DECEASED NAME First Middle Lost 2a, DATE OF DEATH	2b. HOUR
	(1	Type or print) GROVER BACHE GILL AUGUST Day 1968	410p
	3. 51	EX 4 RACE 5 DATE OF BIRTH 6 AGE (n years H UNDER IYEAR IF	FUNDER 24 HRS HOURS MUN
	70.	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		VIXCYNIA VIONED DIVORCED Wicomico	Mc
	Зa	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	SINESS OR
	13o adm	JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER PLACE.  Australia ALS LAND STREET AND NUMBER PLACE.	
	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, not op-unknown (If yes give word or dayles of service)  217-42-0070 MRS. ON DA P. GILL, WIFE SAME!	95 /3
	NOI	A Canditions, if ony, which gave rise to immediate cause (o), stating the underlying cause (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	-gr
	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERT CAUSES OF DEATH?	IFTING
	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)    OR CONTRIBUTING CAUSE OF DEATH CAUSE OF	
	W	While Not while at work at work	State
		22a. I certify that (1) (this hospital) attended the deceased from \$ -8 , 1968, ta \$ -10 , 1968, that (1) sow the deceased alive on \$ -10 , 1968, and that in (my) (our) opinion death occurred on the date and hour on cause stated abave, (1) (we) (did) (did) and view the bady after death.	id from th
		22d. PHYLICIAN'S NAME (Type) Davill J. Gilmore DEGREE PHYS DEGREE PHYS DEGREE PHYS DIRECTOR D	01
	23a	BURIAL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 28d. LOCATION (City or Town) (County)	(State)
		REMOVE FRETY) 8-13-1968 Rock Creek Cemetery Washington, D.C.	
	24	Distance of the control of the contr	7



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARTLAND 21201	12243
FOR STATE		1993 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	32 10 10 3. ()
HEALTH DERT.		ECEASED NAME / 2a DATE KNOWN Month D	Day Year 2b HOJR
× 5 5 (4)	{		2/ 19/59 M
5005	3 5	EX 14. RACE S DATE OF BIRTH 16 AGE (n years 1 JUNDER YEAR IF LINDER 24 MRS 2c DATE PRONOLINGED DEAD	2d HOUR
ny deloy 2, and 3 PM3. Po	N	1 A DOLL STATE OF THE PARTY HOURS MIN MONTH DOY	Year
PA PA	70	BIRTHPLACE (State or foreign   75 CT.ZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED 9 COUNTY OF, DEATH	19 M
- 5 8		ity) E1	
State for the form	10.	TO COMPANY OF THE PROPERTY OF	Md.
Beges State	10 (	during thest address a during thest of which a life even if setting (1) life	26 KIND OF BUSINESS OR
TO 12	_=	allshury I ren Gen. Hosp. Laborer	Farm
s ofter 18. Giv t olong with t deoth	130	USUAL RES DENCE (Where desposed lived, if institution Residence before 180 CTY OR TOWN 13d INSIDE CITY EIM TS? 13e STREET AND NUMBER dmission) STATE	20
rs of 18. e old deo	Ľ	dmission) STATE Md. No COUNTY Worcester to comoke YES IND IN Rt. 3 Bx. a	3/
hours ofter death Item 18. Give Beg Office along ATT Iond2 with the Sta after death	14. f	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 P		James Lavis I lary	Williams
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	ALEI
within pencil xomine ile paga	()	(es, no of unknown) (11 yes give war or do to s of sorvice) 264-03-6860 A Gracie Bradshaw K+3Bx293	Ocala Fla.
		1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE NIERVAL
of the column of		PART I DEATH WAS CAUSED BY	BETWEEN OWSET AND DEATH
din		. MMEDIATE CAUSE (a)	<del></del>
sit		Conditions, if ony, which gove )  DUE TO, OR AS A CONSEQUENCE OF	
Chie		rice to immediate course (a)	
ony	1	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	1
should be executed ne word "pending" ii to the Chief Medical burial-transit permit. I in ony event withir		last (c)	
d the		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
fing rate of the second	Z	(t,201	
wri wri rwo rwo sed	ATIC	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
XAMINER: This certificate should te the certificate, writing the word ge 4 should be forwarded to the Cyour files.  'oge 3 should be used as a burial-tr cremation, or removal, and in any	CERTIFICATION	WAS PERFORMED?	YES NO
e de la		21a EXTERNAL CAUSE WAS 21b TIME OF IN, JRY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Port 2, item	n 1B.)
errii S. S. ould	MEDICAL	PR MARY OR CONTRIBUTING HOUR A M.  CAUSE OF DEATH P M 19	
	묉	21d. INJURY OCCURRED 21e. PLACE OF INJRY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
AAM our our rem		WHILE NOT WHILE factory, office building, etc.)	
CAL EXAMINER: execute the certion. Poge 4 should the strong files. CTOR: Poge 3 should burial, cremation.			
Exe exe of the trice of the tri			and in my apinian
lease ex director. stained DIRECTO		death resulted fram: Natural causes C. Ascident . Suicide ., Hamicide ., Undetermined manner	
dir dir		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
My, Feral be r RAL		SIGNATURE MD ASSISTANT MEDICAL EXAM NER L	-)-3-68
Sor une		EXAMINER'S DEPUTY MEDICAL EXAMINER	17-108
o DEPUTY SICAL EXAM necessory, please execute the funeral director. Poge 4 5 may be retained far your 6 FUNIRAL DIRECTOR: Poge Health prior to burial, crem		NAME (Type)  ADDRESS(Street, city, tawn, or county)	
5 5 5 5 5 E	230	REMOVA Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d TOCAT ON (City or Town)	County) (State)
		Durial 18-06-68 Wharton I'em, Cem, I rarksley la	ecomack Vq.
	-24	FIMERAL DIRECTOR ADDRESS 2SO REC D BY REGISTRAR 2SD PEG STRAR S SIG	
VR A15ME (5)		101-041 / May Olan Ol 11/2/01/AUG 27 1969 Volland	a. Sudan





1		r				EPARIMENI OF				
1	1	12	DINISION O			STON STREET, BAL TE OF DEATH		YLAND 21201	1 74	Ö
160	DF	CEASED-NAME First	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. Middle	CERTIFICA	last	2a. DATE OF	DEATH		2b HOUR
47)		ype ar print)	~~	Ida		Gordy	,	Manth Day	789	7.35 M
11.22	3 SE		4. RACE	TVA	S	DATE OF BIRTH		6. AGE (In years	IF UNDER YEAR	IF UNOER 24 HRS
		Female	Negr	0		UAY 1, 18	70	last birthday)  9 % YRS.	MONTHS DAYS	HOURS MIN
			76. CITIZEN OF V	VHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
		White HAVEN	Ur=	> 17.	WIDOWED			COMICO		Md.
, ,	10 (	ITY OR TOWN OF DEATH	l 11 guy	NAME OF HOSPITAL OR IN e street oddress). eer 's Head	ISTITUTION (If nat			(Kind of work dane life, even if retired.)	126 KIND OF E INDUSTRY	IUSINESS OR
1	120	Salisbury USUAL RESIDENCE (Where decease					11M TC2 12a CTI	REET AND NUMBER		
2		ssian) STATE Maryland	136 COUNTY	Wicomico	Salis	VEC	NO 3/	1 HOLDER	4:11	
	14. [	ATHERS NAME First	Middle	Last		NOTHER'S MAIDEN NAME	First	M ddle		Last
1		NAN	09	CONWA		HARU ~	Ave	GATE:	5	
		WAS DECEASED EVER IN U.S. ARME es, na, ar unknawn) (If yes give wa	D FORCES?	166 SOCIAL SECURITY			W.L.T	Address A	171	11 -1
		sa, iru, ur urikiruseri)		220-52	- 1433	MIRIAM	Nn.1e	SALI	SOURCE	MATE INTERVAL
		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	DV.					disease.	BETWEEN ON	ISET AND DEATH
		immediat	E CAUSE (a) 🎞			osclerotic	cardiov	ascular	Years	
		4/20 Canditions, if any, which gave)	,	AS A CONSEQUENCE OF		osclerosis			Venne	
		nse to immediate cause (a), stating the underlying couse	1-7-	AS A CONSEQUENCE OF		OSCIETOSIS			Years	
		lost 442 V	(c)							
		PART 2. OTHER SIGNIFICANT CONT	DITIONS CONTRIE	BUTING TO DEATH BUT I	NOT RELATED TO T	HE TERMINAL DISEASE OF	RCONDITION GIVE	N IN PART I(a)		
	8	Intertrochante				Osteoarth				
2	CERTIFICATION	9a DATE OF OPERATION 19b C	ONDITION FOR W	/HICH OPERATION WAS P	ERFORMED	20a. AUTOPSY? YES TO NO T	CALISES	YES, WERE FINDINGS OF DEATH?	ONSIDERED IN CE	RHFYING
1		21a. ACCIDENT WAS UNDERLYING	21b. TIME	OF INTURY	121c HOW	YES NO [ INJURY OCCURRED (En		ry in Part 1 or Part 2	Item 18)	
		or contributing Cause of OEATH	HOUR A.M	Month Day Year	r	man Addungs from	ter manare at mis-	, in the contract at		
	MEDICAL	21d INJURY OCCURRED   21e, 1	PLACE OF INJURY	AT HOME, FARM, STREET, F	19 ACTORY, ) 21F LOC/	TION Street or R.F.D. N	la. City	ar Tawn	County	State
		While Nat while at wark								
		22a. I certify that (I) (that saw the deceased all	choepitel) g	tended the deceas	sed from	3/13 , 19.	_58_, to_8	/9, 19	68_, that	(I) (we) dast
		saw the deceased all couses stated abave,	ve on .(I) ( <b>sast</b> (dia	i) (distatet) view the	body after de	rnar in (my) (our) o ath.	pinion death (	iccurred on the do	re ona nour c	na from the
		225 SIGNATURE	17 (0.0.7)	. 23		ATTENDING	MED -	STAFE 22c	DATE SIGNED	
		July	4Co	ealt /	DEGREE	PHYS -	DIRECTOR	STAFF DE 8/	9/68	
1		22d. PHYSICIAN'S C. H.	Winna			22e ADDRESS	- 3 CT-T-	71 7	0-24-2	363
1	270	BUR AL, CREMATION, 23b D			F CEMETERY OR CI			Hospital,	(County)	(State)
	230	REMIDVAL (Specify)	-13-6	8 J8H	1) 4)0.51	all	hih!	te HAVEN	W:Co	rud
Δ	24.	FUNERAL DIRECTOR		Derse ADDRES	1. Rt 42	2Sa. REC'D	BY REGISTRAR	2Sh REGISERAR S	SIGNATURE	del.
Y	(	Bortta D. J.	scley	Salist	Tury 3	el DATE AL	10 TO E	900	0	0

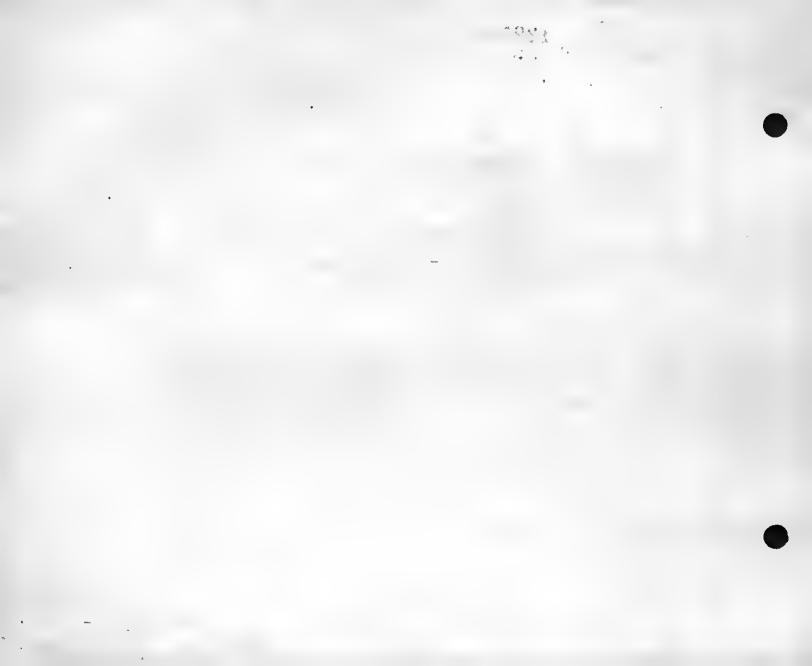




	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1 0 1
STATE		1.2237 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	41
EPT.		ECEASED NAME First Middle Lost To DATE KNOWN Manual Month	Doy Yeor 2b. HOUR
	1	THAIS CONSTANCE GRICHIK  OF ESTI- DEATH MATED 8	1 68 3;20
	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (n years I F UNDER 1 YEAR E JODER 24 HRS 20 DATE PROMOUNCED DEAD	2d HOUR
		remare White July 30,1924 44 yrs	Yeor 19 68 3:20i
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
		MICOMICO WICOMICO	Mc
y		The proof occurrence from the many many many many many many many many	12b KIND OF BUS.NESS OR INDUSTRY HOME
,		JSJAL RESIDENCE (Where deceased lived if institution Residence before 13c City OR TOWN 13d INSIDE CIY LIMITS? 13e STREET AND NUMBER	
		dmission) New York 13b COUNTY Kings Brooklyn YES X NO 44 East 48 St	
29	14,	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
	L	Unknown — Borowski Constance —	Unknown
	160	WAS DECEASED EVER IN U.S. ARMED FORCES?  65, no, or unknown) (If yes give wor or dates of service) None Mr. Harold Grichik See Sec 139	
	-	indicate directions become that	
		18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c)) PART DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND SEATH
		11/28 IMMEDIATE CAUSE (a)	man
		Conditions, if any, which gove	5 min
		rise to immediate couse (a).  stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	1
		(t)	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	NO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	
1	CERTIFICATION	WAS PERFORMED?	20. AUTOPSY?
	CERT	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, In	YES NO P
	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M 19	, (64)
	ME.	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
		WHILE NOT WHILE AT WORK AT WORK	
			and in my apinian
		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
		ACTUAL CHIEF MEDICAL EXAMINER	
,		SIGNATURE	=1968
		EXAMTNER'S  NAME (Type) Dr. Barl L. Royer  ADDRESS(Street, city, town, or county)	-1/00
	230	BURIAL, CREMATION, 230 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
		Burial 8-5-1963 Evergreen Cemetery Brooklyn, New Yo	,
	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REG STRAR 256 REGISTRAR 5	S GNATURE
		Hill Funeral Home Salisbury, Maryland DATALIG 5 1968 Rollor	Cay younge



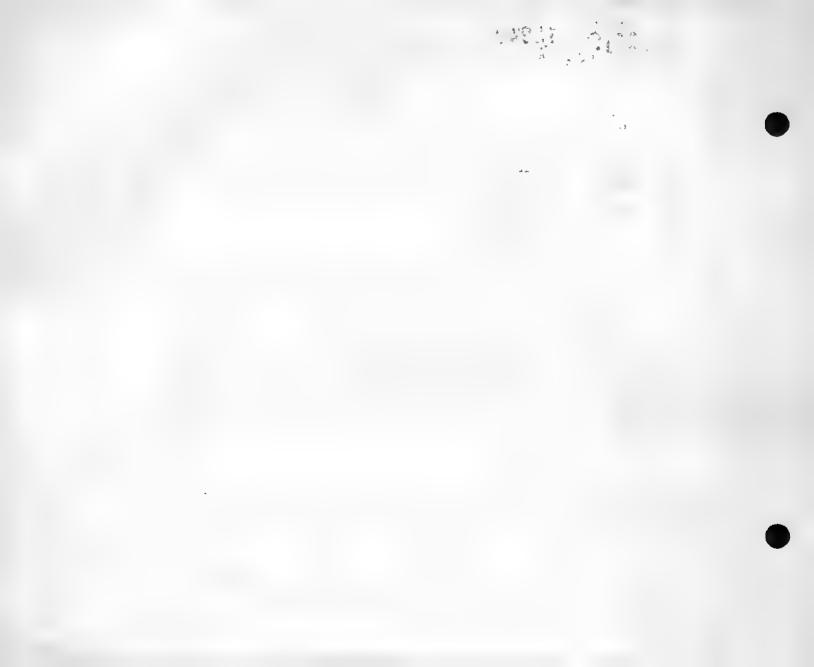
		CORDS, 301 W. PRESTON STREET, BA		1 0 1 5
	12233	CERTIFICATE OF DEAT		419
I. DECEASED NAME (Type or print)	First Mid	1/ 1/1	2a. DATE OF DEATH  Month Day	Year 2b. HOUR 1968 8 A M
3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday) 1915 52 YRS	19 6 A M  IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS CAYS HOURS MIN.
70. BIRTHPLACE (SICOUNTRY)  10. CITY OR TOWN  Salisb  13. USUAL RESIDE admission) STATE  14. FATHER'S NAME  16a. WAS DECEASE Yes, no, or onkn  18. CAUSE O PART I.  Conditions, if rise to im me storing the lost.  PARY 2 OTH	white	Dec. 15.  B. MARRIED NEVER MARRIED	1915 52 YRS.	
country)	vland USA	WIDOWED DIVORCED	Wicomico	Las
10 CITY OR TOWN	OF DEATH 11 NAME OF HOSPI	TAL OR INSTITUTION (If not in hospital 120	JSUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
Salisb	ury - Peninsulia odces			mager
3	Where deceased lived, if institution residence to the County of the Coun	Maria VIII	No William St	•
14. FATHER'S NAME		Lost IS MOTHER'S MAIDEN NAN		Last
160 WAS DECEASE	William Henry Gri	ffin TG BG; SECURITY NO. 17, INFORMANT	ng on Address	
Yes, no, or onkn	mwn\   (If yes give wat or dates of service)		ffin Selvyville	70 - 7
IB CAUSE D	F DEATH (Enter only one rouse per tipe for (a) (b)		2	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
PART I.	DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (6)	· · · // // · ///	rombasis	BETWEEN ONSET AND GEATH
+10	DUE TO, OR AS A CONSEQU			- Harry
Canditions, it	fony, which gove) ediate cause (o), (b)			
stating the	underlying couse DUE TO, OR AS A CONSEQU	JENCE OF		
last.	{c}			
Sept.	ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	AH BOL NOT KEFATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART I(a)	
No. DATE OF	OPERATION 196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
X SE 210. ACCIDEN		YES NO	CAUSES OF DEATH?	
	IT WAS UNDERLYING 216, TIME OF INJURY  TING [] CAJSE OF OEATH HOUR A.M Month Da	21c HOW INJURY OCCURRED (I	inter nature of injury in Port 1 or Part 2, 1	tem 1B.)
(If either, no	tify medical examiner) P.M.	19		
While N		, STREET, FACTORY.) 21f LOCATION Street or R.F.D.	No. City or Town	County State
at work o	it work	dereosed from FALL 2	968, to alle G / 19	(0X 15 m (1) ( ) 5
sow t	he deceased alive on the deceased alive of the deceased alive on t	19and that in (my) (our)	opinion deoth occurred on the do	(P), that (1) (we) last te and hour and from the
		ew the bady after death.		
22b SICNATO		ATTENDING (22)	MED STAFF	DATE SIGNED
22d PHISTO	an's plucer	DEGREE PHYS  22e, ADDRESS	DIRECTOR L PHYS L	
NAME (T		TEG. ADDICES		
23a BURIAL, CREW	NAT ON, 23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
REMOMALIS	·14/68	Odd Fellows	is1sh = 2V177	rcesterM.
24. FUNERAL DIRE	TOR Mile Per 1. V.	P 117 10 (	D BY REGISTRAR 256 REGISTRARS	SIGNATURE
Tello	- I way keen	iquelle Det DATE	AUG 7: 1968 Mich	anta de la companya della companya della companya de la companya della companya d



1		30 th	DIVISION OF VI				E, MARYLAND 21201	7.7549
			2239		ERTIFICATE OF			× IV
\$ 25 E		CEASED NAME First	· ·	Middle	Lost	2a.	DATE OF DEATH  Month  Do	Year Year
r de l	3. SE:	MARGA	4. RACE	HANNAH		ON	AUGUST 10	GENORE I YEAR I IF UNDER 24 HRS.
s. Pagarth	3. 3E.	EMALE	White		Aug.		last buthday) YRS.	MONTHS DAYS HOURS MIN.
Jour J	70 B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT		. MARRIED NEVER MA		UNTY OF DEATH	
72 e	COSIT	Virginia	U.S.		Land	DRCED	Wicomi	CO Md.
Within	IO. EI	ty or town of DEATH alisbury-Pen	11. NAME	OF HOSPITAL OR INSTI	TUTION (If not in hospital	during most af	UPATION (Kind of work done working life even if retired.) SEVITE	12b. KIND OF BUSINESS OR INDUSTRY
S ≯.	12.	C. AL DESIDENCE (Where decome	of Local of medicine	Decidence before	HOSPITAL_ 13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	ISEWITE 13a STREET AND NUMBER	
burial, cremation, ar removal, and in any event,	odm:	Maryland	Van counsom	erset F	ocomoke	YES NO	R.F.D. 1	
a d	14 F.	ATHER S NAME First	Middle	Last		MAIDEN NAME First	Middle	Lost
		Walter		hitehead		Maude		Richardson
; -		WAS DECEASED EVER IN U.S. ARM is, no, at unknown) (If yes give wi	et or dates of service)	b SDCIAL SECURITY NO			Address	
	_	no		20-26-39	164 Mrs Pi	ttman Ca	rey, Pocomo	ke City, Md.
		18 CAUSE OF DEATH (Enter and PART I, DEATH WAS CAUSED	BY.		man Inc	والمحديدة		BETWEEN ONSET AND DEATH  Z O LVV2
, ar		IMMEDIA	TE CAUSE (a)	CEREL	revect Vie	· · · · · · · · · · · · · · · · · · ·	ad 2	7000
tg d		Canditions, if any, which gave )	DUE 10, UK AS A	CONSEQUENCE OF I	reusille	CUNCTORE	ocular due	and Uks
		rise to immediate couse (a), ( stating the underlying couse(	DUE TO, OR AS A	CONSEQUENCE OF	(	Carecian	,,	
		ast.	(c)					
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE OR CONDITI	ION GIVEN IN PART I(o)	
- 1	8	443.8						
1	3	196. DATE OF OPERATION 196 (	CONDITION FOR WHICH	OPERATION WAS PERF		and the same of th	20b. 1F YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
1	CERTIFICAT	210 ACCIDENT WAS UNDERLYIN	G 216 TIME OF IN	HIDV	YES T		e of injury in Port 1 or Port 2;	Stam 18)
	ਤ	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M	Nanth Day Year	210 HOW INSURE OF	CCONCCO (CIAISI SIOTOI	e or injury in Port 1 of Port 2;	11871 10.7
	MED	If either, not fy medical examination 21d INJURY OCCURRED 21e		19 HOME FARM, STREET FACTO	PY ) 21# LOCATION Stre	et ar RFD No	City or Town	County State
		White Nat while at work	( OF	ICE BUILDING ETC.	'		,	,
		22a. I certify that (1) (thi	s haspitol) ottend	ed the deceased	from Huy	18,1968,	to 12ug 19, 19	6%_, that (I) (we) last
		saw the deceased al causes stated abave	ive on Notice	d not) years the be	dy after death	ny) (aur) opinion	death accurred on the d	ate and hour and from the
		22b SIGNATURE	Control of the	a nony view into be			22:	DATE SIGNED
		SolunG	55 ull	way M.	DEGREE PHYS	ING DIRECTO	R STAFF	
		22d. PHYSICIAN S NAME (Type) Joh:	- C D1		22e. AD		373	
				keley			y, Maryland	
		BUR AL, CREMATION, 23b. D BENOYAL (Specify) 8-			METERY OR CREMATORY		LOCAT ON (City or Town)	(County) (State)
	74	WINERAL DIRECTOR	21-1968	ADDRESS	Baptist	25g REC'DABY REG	SIRAR 1256 REGISTRAR	y -worMd.
(4)%Q	0	Abut A. L	& Ban Po		ity, Md.	DATE AUG	27 1968 20	contes Judge
	10							



1		DIVISION OF VITAL RECORD	DS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1 7 . (1)
•		12240	CERTIFICATE OF DEATH	V 11/
death.		(REASED-NAME SADIE Middle ype or print)	HARMON 20. DATE OF DEATH AUGUST 20.	26 HOUR 9 5 M
after of the state	3 51	FEMALE 4 RACE	S DATE OF BIRTH  6. AGE (in years lon highday)  VRS.	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN
O San Aller		BIRTHPLACE (State or foreign 7b. EFFIZEN OF WHAT COUNTRY? Scholling Miss	8. MARRIED   NEVER MARRIED 9. COUNTY OF DEATH WIDOWED   DIVORCED   Wicomic	CO Md
within 2 ban pen	1	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR give street oddress) alisbury—Peninsula Genera	RINSTITUTION (if not in hosp tol 120 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
ecuted wit campletely ave carba y event, w	13o.	SJAL RESIDENCE (Where deceosed lived, if institution: Residence before seight) STATE (Where deceosed lived, if institution: Residence before the COUNTY COUN	DIE 13. CITY OR JOWN, 13d INSIDE CTY LANIS? 13e STREET AND NUMBER?	
be execut and cam e remave	14	ATHERS NAME First Middle Loss	15 MOTHER MAIDEN NAME FIRST BOOCK Middle	Lost
ertificate be physician c nen please naval, and in	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURI	17 NO 17 INFORMANT Address Harmon	_
requires that the death certificate be executed physician. I signed by the attending physician and camplet burial-transit permit. Then please remaye can burial, trematian, ar remayal, and in any event		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	" al Failure	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH
that the de an. by the atter transit perm		DUE TO, OR AS A CONSEQUENCE	En Congress de derident.	5 days
quires that the physician signed by the burial-transit ourial, cremal		rise to immediate couse (a), stoting the underlying couse lost	Of 3 3 3	
w requires ding physici een signed the burial-t		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	THOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	3 days.
e fa tend as b as prid	CERTIFICATION	19 DATE OF OPERATION 196 CONDIT ON FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS C	CONSIDERED W CERTIFYING
JAN: Ital ar ficate far us fHealf	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)  21b. TIME OF INJURY HOUR A.M. Month Day Ye P.M.	21c HOW INJURY OCCURRED (Enter nature of injusy in Part 1 or Part 2,	Item 18.)
S PHYSICIAI the haspital this certifice detached far e Dept. af H	MED		FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
DING d by After d be e Stat		220. I certify that (I) (this hospital) attended the dece	esed from Clary 1, 1968, to Clary 25, 19	that (I) (we) last
OR ATTENE be retained DIRECTOR: A ge 3 shauld led with the		causes stated abave, (1) (we) (did) (dia not) view to	he bady after death.	DATE SIGNED.
may be RAL DIR RAL DIR page 3 be filed		22d. PHYSICIANS HAME (TYPE)	DEGREE ATTENDING MED DRECTOR PHYS. 22e. ADDRESS	1/26/68
10 HOSPITAL Page 4 may 0 FUNERAL director, page shauld be file	230	BURTAL CREMATION 236 DATE 23 NAME	OF CEMETERYOR CREMATORY 239 LOCATION (CITY of Town)	(County) (Stote)
VR A15 (V	24.	FUNERAL DIRECTOR G ADDRI	eno Clim Freettonk 1 250. RECD BY REGISTRAR 1 256 REGISTRAR 3	S S GNATURE
30M REV 1768	1.	ENDARLING WEST	DATE SEP 3 1300 KM	cored yourge



***	1	MARYLAND STATE DEPARTMENT OF HEALTH	1054
COD CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 91.
FOR STATE		1224 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month (Type or Print) ROBERT MARTIN HARRIS OF ESTI-	y Year 2b HOVR.A
y is 3 to oge		DEATH MAIED	-00 10 TO 34 7W
y delay is y and 3 to PM3. Page artment of	3. :	And Arethological Machine Days House Annual	Year 3 D COA
	-		19 12:50
= E/ = \		BIRTHPLACE (State or foreign 76 CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
2 5 E		MIDOMED DIADRED MICOLUTEO	Md.
Pa His	10	CITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during mast of work done 12 during mast of working the even if the red) IN	26. KIND OF BUSINESS OR IDUSTRY
er d bive ng v n th	120	Salisbury 910 Steel oddiess) rmania Circle during mast of marging bever if the red of the USUAL RESIDENCE (Where deceased lived, if not tutian Residence before 13c CITY OR TOWN 3.4 INSIDE CITY UM. 152 13e STREET AND NUMBER	PM
s afte 18 Gu alon; alon; with death	130	odmission) STATE 11d. 13b. COUNTY Vicomico Salisbury YES NO 616 Germania	Cinolo
haurs after deather 18 Give Pages Office along with far land 2 with the Stage offer death.	4		
	1		Lost
hin 24 noc lin merin	The	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	rece
		Yes no, ar unknown) (1 yes give wor or doles of service) Harry 4/4 Stee	DRECEILER
S E C	F	Majer Novelle 7 180	APPROXIMATE INTERVAL
Lould be executed word "pending" ig the Chief Medical E urial-transit permit F in any event within		IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART DEATH WAS CAUSED BY  Shotgun wound of abdomen	BETWEEN GINSET AND DEATH
xer din din hed t w		Of E IMMediate cause (o) Deta degate do atta of abadomore	minutes
e e e f her sit		DUE TO, OR AS A CONSEQUENCE OF  Conditions, If ony, which gave	
		rise to immediate couse (a), (b)  Statum the underlying couse (b)  DUE TO, OR AS A CONSEQUENCE OF	
wo wo the rid.		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
te stauld be exeruter the word "pending" I to the Chief Medical o burial-transit permit nd in any event withi		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
de de s		10 / A	
war war sed ava	TION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
this certificate, writing the forwar be used to removal	CERTIFICATION	WAS PERFORMED?	YES X NO
fical find of b		210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hern	
INER: Tine certifice should be files. 3 should be asknowld in action, or	CAL	PRIMARY OR CONTRIBUTING 12:25 xxx 8-15-68 Shot by father during argu	
图 9 本年於 夏	WED	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street at R.F.D. No. City or Town	County State
		21d INJURY OCCURRED  AT WORK AT WORK AT WORK OF AT WORK OF INJURY (At home, form, street, at work of foctory, office building, etc.)  AT WORK AT WORK OF AT WORK OF OWN HOME  216. LOCATION Street or R.F.D. No. (try or Town foctory, office building, etc.)  616 Germania Circle, Salisbury	, Wic., Md.
executor. Paged for purel, burnel,		22a. I certify that I took charge of the remains described abave, held an Autopsy (4). Inspection (3), Inquiry (3),	ond in my opinion
ica for. for. for. for. for.		death resulted from Natural causes 2, Accident , Suicide , Homicide X, Undetermined manner	, 1
ease lirection of the total		CHIEF MEDICAL FXAMINER	-
		ACTUAL ASSISTANT MEDICAL EVAMINED 22b. DATE SIG	SNED
CESSATY, e funeromy be FUNERA		Larl L. Royer, F Autus	t 16, 1968
necessary, please e the funeral director 5 may be retained ro Funeral Director	L	NAME (Type) 409 Camden Ave., Galisbury, Md ADDRESS(Street, city, town, or county)	
5 g t v 5 t	230	BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (C	ounty) (Stote)
		PUBLIFIED 8-18-68 Green Geres Salishury The	io. md.
	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REC D BY REGISTRAR 5 SUC	NATURE .
VR A15ME (5- 10M REV 1/68)	L	Jolley Funeral Fome, Salisbury, Md. DAHAUG 2 2 1968 floor	00
Ana			

36

. 1981 -

		1			DUUGION C		D SIAIE DEFAKI			4 2 2 2 2 3
NAME OF TAXABLE PARTY.				12	OLA		CERTIFICATE OF		ORE, MARYLAND 21201	. 75%
ACT .	10		1 00	CEASED-NAME First	4 10 44	Middle	LEKTIFICATE UI		Zo DATE OF DEATH	25 UALD
OR ATTENDING PHYSICIAN: The low requires that the death certificate by executed within 24 hours after death	E EA	•		vpe or print)	-				, Month Do	1968 11:0M2
r de	\$ 5 g		3. SE	Char	1 es	Augusti	IS Hawki		August 11	1968   11:0%
affe	he f		J. JL		4 KMCL				6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN
Jrs	Pages urs aft		70 6	IRTHPLACE (Stote or foreign	7h CITIZEN DE	colored WHAT COUNTRY?	l Uct.	20, 1:80	OUNTY OF DEATH	
<u> </u>	in b		caur	try)			B. MARRIED ( NEVER M WIDOWED ( ) DIV	MKKIEU		
24	ed ope		10.7	ennsylvania TY OR TOWN OF DEATH	U . S	NAME OF HOSPITA OF INC	TITUTION (If not in hospital		Wicomico OCCUPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
Ē	神の神	-3		•	giv	ve street address)	on the state of th	during most	of working life, even if retired)  road Worker	INDUSTRY
, X	orbo			Lisbury USJAL RESIDENCE (Where decease	ed lived of ineter	ne Bluff	State Hos	13d INSUDE CITY LIM TS7	road Worker	
pe i	- S - S - S - S - S - S - S - S - S - S	10	odmi	ssion) STATE	136. COUNTY	Talbot	Easton	YES NO	1	fomile.
¥	P A S	Я,	14	ATHER'S NAME First	Middle	* M. M. W. W.		MAIOEN NAME First	Taylors Av	last
<b>4</b>					HIOOK	Hawki		Aman		Dates
9	physician order on pletely filled in by the new please Yemove corbon popers. Pages loval, and in any event, within 72 hours aff		160.	Louis WAS DECEASED EVER IN LS ARM	NEO FORCES?	16b. SOCIAL SECURITY I		Record		Dates
fico	ysic ple at, o		Y		ar or dates of service)	214-16-4		-	State Hospit	al
ert	ottending phys permit. Then p			1B. CAUSE OF DEATH (Enter on	V GOD COUCH DOS					APPROXIMATE INTERVAL
£	ding.			PART I DEATH WAS CAUSEI	) BY		oma of bla	addow.		BETWEEN ONSET AND DEATH UNKNOWN
dec	tten irmi			IMMEDIA	TE CALSE (o)	R AS A CONSEQUENCE OF	Jina OI DIA	addel		- dillitio was
t e	t pe			Canditians, if any, which gave)		K AS A CONSEQUENCE OF				
to d	y † y † onsi			rise to immediate cause (a), stating the underlying cause.	(b) DUE TO, OI	R AS A CONSEQUENCE OF				
es t	9			lost.	(c)					
2004	igne			PART 2 OTHER SIGNIFICANT COI	IDITIONS CONTRI	BLTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR COND	DITION GIVEN IN PART 1(o)	
100	ng en sign		_	1810						
<u>0</u>	be(	- 1	CERTIFICAT ON	19a DATE OF OPERATION 19b	CONDITION FOR V	WHICH OPERATION WAS PE	RFORMED 20a. AL	TOPSY?	20b, IF YES, WERE FINDINGS	ONSIDERED IN CERTIFYING
1	arre has se c	d	TIFE				YES [	NO <b>_</b> ■	CAUSES OF DEATH?	
2	or ate			21g ACCIDENT WAS UNDERLYIN	G 21b TIME	OF INJURY	21c. HOW INJURY C	OCCURRED (Enter no	iture of injury in Part 1 ar Port 2,	Item IB.)
Z Z	d for		MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner)   P.A	VI. 31				
14 S	nosp crhe		ME	21d. TNSURY OCCURRED 21e.	PLACE OF INJUR	Y (AT HOME, FARM, STREET FAIL	TORY.) 21f. LOCATION St	reet or R.F.D Na	City or Town	County State
E (	de to									
N N	frer be Stot			22a   certify that 🚯 (th	is haspital) a	ittended the deceas	ed from Aug.	7 , 19 68	o to Aug. II 19	68, that (F) (we) last ate and have and from the
E SE	Jid A			saw the deceased a	live an <u>Al</u>	h) (MOCOCON)	7 <u>00</u> , and that in <del>Q</del> bady after death	m <del>y)</del> (aur) apinio	in death accurred an the di	ate and have and from the
A P	short the			22b SIGNATURE	( ) ( ( ) ( ( ) )	ar (action) viole inc			224.	DATE SIGNED
~	# 3 <b>K</b> 6 €			٤	un:	to Con	DEGREE PHYS	DING MED DIREC	CTOR SC PHYS AT	ıg. 12,1968
AL (	o d o o o o o o o o o o o o o o o o o o			22d. PHYSICIAN S	700	- Compa	22e. A	DDRESS		
	ERA Sr. F	I		NAME (Type) E.	P. Ri	tchings	P	ine Bluf	f State Hos	pital
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the	Proge 4 may be retained by the hospital of attending physicion.  10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicitector, page 3 should be detached for use as the burial-transit permit. Then placed be filed with the State Dept. of Health prior to burial, cremotion, or removal,		23a	BLR AL, CREMATION, 23b.	DATE		CEMETERY OR CREMATORY	2	3d LOCATION (City or Town)	Talbot Md.
0	5 D S 4				/18/68	Old CI				
	VR A15 (4 30M REV 1)	n. a		FLNERAL DIRECTOR	mlo 4 o 7 7	ADDRESS		250 REC'D BY RI		SIGNATURE SIGNATURE
	30M REV 1	TH	B	arbara L. Da	surer]	L 420 DOVE	T D f *	DATE AUG	16 1968 gold	



_ 1				ND STATE DEPARTMENT		
			DIVISION OF VITAL RECORDS			21201 / 553
		122	43	CERTIFICATE OF DE	ATH	, 30
= 45		CEASED NAME First	Middle	Last	20, DATE OF DEATH	2b. HOUR
era an dear	(1	ypa or print) IRIS	IRPNP.	4 ENRU	AUG. Manth	4 Doy 68 ear 939 M
fun fun	3 SE	X	4 RACE	S PATE OF BIRTH	6. AGE (In lost birth	years IF JNOER I YEAR IF UNDER 24 HRS
s ofter deat the funera ages I and	1 /	emale	WHITE	November	21,1913   lost birth	YRS. MONTHS DAYS HOURS MIN
by Agrange		SIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
in ers.	cour	Maryland	USA	WIDOWED DIVORCED	- W	icomico Md.
n 2 illed pap pap	10. 0	ITY OR TOWN OF DEATH			20 USUAL OCCUPATION (Kind of w	rork done 126 KIND OF BUSINESS OR
equires that the death certificate e executed within 24 haurs after death. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, at removal, and in any event, within 72 haurs after death.	S	alisbury - Pe	eninsula Gener	al Hospital	uring most of working life, even i Bookkeeper	(INDUSTRY Clothing Store
d w lete rarb int,			lived, if institution. Residence before	13c CITY OR TOWN 13d IN	ISIDE CITY LIMITS? 13e STREET AND N	
ompour ve cover ever	admi	ssion) STATE Maryland	Wicomico	Salisbury	P NO□ 825 S. I	Division Street
exe d cc	14	ATHERS NAME First	Middle Lost	15. MOTHER'S MAIDEN		Middle Lost
e ex and e rem in an		Lance	Merrill Ins	ley	Mary E	llen Horsman
e e e e		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SOCIAL SECURITY			Address 825 S. Div. St.
physical phy	'	es, no, or unknown) (If yes give wor	or dates of service) 214-10-7	211 Mr. S. Rol	and Henry, Salis	sbury, Maryland
		18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (			APPROXIMATE INTERVAL BETWEFN ONSET AND OCATH
et ingilia		PART   DEATH WAS CAUSED	BY. CAUSE (a) Myocas	Las July	chion	
de de m		4109	DUE TO, OR AS A CONSEQUENCE O			
at the constitution mation		Conditions, if any, which gave }	16) Centerios	colorates HE	out DISEALE	
hat n. ansi		rise to immediate cause (o), ( stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE O	F		
t se de		last vinderlying cause	(c)			
quires that the death physician. signed by the attendii burial-transit permit. burial, crematian, ar re		PART 2. OTHER SIGNIFICANT COND	HONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	EASE OR CONDITION GIVEN IN PART	(0)
The law requires that the death attending physician. has been signed by the attendin se as the buriol-transit permit. th priar to burial, cremation, ar re		4201				
law ndir bee bee iar	AT ON	7 Training	ONDITION FOR WHICH OPERATION WAS A	PERFORMED 200. AUTOPSY?		FINDINGS CONSIDERED IN CERTIFYING
has has	CERTIFICAT			YES 🗀	NO CAUSES OF DEATHS	
Ar. 1 or or r us		21a ACCIDENT WAS UNDERLYING	21b TIME OF INJURY		D (Enter nature of injury in Part 1	or Part 2, Item 18)
PHYSICIAN: e haspital ar his cert ficate stached far u Dept of Heal	S S	OR CONTR BUTING CAUSE OF DEATH	HOUR A.M. Manth Day Yea	19		
YSI dasp cer thec	WED	21d IN JRY OCCUPRED 21e P	LACE OF INJURY (AT HOME, FARM, STREET, FOR OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION Street or I	R.F.D. No. City or Town	County State
R ATTENDING PHYSIC retained by the haspit RECTOR: After this cert 3 should be detached with the State Dept of		While Not while at wark of wark	COTTLE BUILDING, EIC	4		
ATTENDING stained by the CTOR: After the should be directly that the State			has ital) attended the deceo	sed from Scaling	, 1968, to Hug	on the date and hour and from the
NDI Sd b Id b		saw the deceased ali	ve an July 25	19 <i>68</i> , and that in my) (a	opinion death accurred	on the dote and hour and from the
ding ding the			(I) (ulis) (dus) (duses s) view the	e body offer death.		OR DARK CLOUPS
Mari Para Para Para Para Para Para Para P		22b SIGNATURE	0 11:01	ATTENDING	MED STAFF	27c DATE SIGNED
L OR be r		22d. PHYSICIAN'S	REA . HELP	DEGREE PHYS.  22e. ADDRESS	DIRECTOR PHYS.	0 9 00
May RAI		NAME (Type) 7 HOM	AS CHIL	20 12/18	B1.11-Pd -	Salishing Md.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this cert ficate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept of Health priar to burial, creashould be filed with the State Dept of Health priar to burial, creashould be filed with the State Dept of Health priar to burial, creashould be filed with the State Dept of Health priar to burial, creasened and the state of the	22-	BURIAL, CREMATION, 23b DA	TE 230 MAME TO	F CEMETERY OR CREMATORY	3e LOCATION (City or	Town) (County) (State)
Page dire sho	230.	REMOVAL (Specify)				Wicomico, Maryland
F F	24.	Burial lAug	7, 1968   Wicomi	co Memorial Par	REC'D BY REGISTRAR 25b	REGISTRAR S SIGNATURE
30M REV. 1 (8)	-		MPANY, SALISBURY		E AUG 8 1968	yenores years
111/2	$\vdash$	HOLLOWIT 3 00	THE THE PERSON T	, DA		

3.1

3	11	MARTLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	154
		12244 CERTIFICATE OF DEATH	
AL NOZ		DECEASED NAME First Middle Los 2a DATE OF DEATH	2b. HOUR?
E d d		(Type or pant) ARTHIIR HINMAN AUGUST Day 104	P S P M
fun l	3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (I'M years IT ANDER )	YEAR IF UNDER 24 HRS.
offe off	1.	MALE WHITE August 13, 1891 ost pirthday) YRS MONTHS	DAYS HOURS MIN.
urs Part Urs	70		
24 hou d in b pers.	ţa	Ountry Delaware U.S. WIDOWED DIVORCED Wicomico	Md.
in all a min		OCITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during hass to two kind of work done 12b K	IND OF BUSINESS OR
with bon wit		Salisbury - Peninsula General Hospital Custedian	ik i
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or attending physicion.  • FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permity. Then please remove corbon pages. Pages 1 and should be filled with the State Dept of Health prior ta burial, cremation, ar removal, and in any event, within 72 hours offer death		The street of th	
T CO	14.	A. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
anc anc rei			eers
ian ian iose ind	16	60 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT Address	
fica ysic of, o		Yes, no or up (rewn) (If yes give wer or detes of service) Wrs. Fannie Hinman. Crisfield.	Ma
the hen wor	-		APPROXIMATE INTERVAL
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	TWEEK ONSET AND DEATH
de de de			4 mon
a to a uni	П	DUE TO, OR AS A CONSEQUENCE OF	
# # # # # # # # # # # # # # # # # # #		Conditions, if dny, which gove rise to immediate couse (a).	
by Sh		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
res rsici red ial-	П	ast (c)	
phy phy sign buri		PART 2 OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
re re ta	2	z 151 X	
ovor end be s t rior	CERTIFICATION	190 PATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED	IN CERTIFYING
The aff		4/5/68 Coreinin Stond YES NO CAUSES OF DEATH?	
N: Or or afe			
CA Figure 15 A Figure 15 A Fig	MEDICAL	S (If either, notify medical examiner) P.M. HOUR A M. Month Day Year	
OR ATTENDING PHYSICIAN: The low requires the be retained by the hospital or aftending physicion. DIRECTOR: After this certificate has been signed by se 3 should be detached for use as the burial-transed with the State Dept of Health prior ta burial, created with the State Dept.	W.		State
PH This etco De		While Not while of work of work	
N Y # Ge e d	1	22g   certify that (1) (this hospital) attended the deceased from 3-3/ 1968, to 8-18 1968	that (I) (we) last
Afr Afr essential		saw the deceased alive on 3 - 6 - 1962, and that in (my) (our) opinion death occurred on the date and	hour and from the
B in the second		causes stated obave, (1) (we) (did) (did not) view the body after death.	
retor showith		226 SIGNATURE 22C. DATE SIGN	-
P P P P P P P P P P P P P P P P P P P		/ Lluis W. Jegree PHYS LAS DIRECTOR LI PHYS LIST - P	-6 P-
SPITAL 4 moy NERAL Por, pog	1	22d. PHYSICIANS NAME (Type) NEVINS W. TODD MEDICAL CENTER: SALISBURY, MA	
NER 4 n d b l d b	L		CYCAUD.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low reposed 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior ta	23	36. BURIA. (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d location (City of Town) (Count REMOVA, Carefully 8/9/1968 Asbury Cemetery Crisfield; Somerse	t: Md.
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	L		
VR A15 (4)	(24	ADDRESS Prince SS Anne 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATU	1
30M REV	K	Rimed of Winner Prince ss Anne DATE AUG 1 2 1968 Acharles	1



	DIVISION OF VITAL RECORDS, 304 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1 0 0
TATE	12243 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 950
DEPT.	DECEASED NAME First M ddle Lost 20 DATE KNOWN Month (Type or Print)	Doy Yeor 2b HOUR
ō	ANNIE BLANCHE HITCHENS DEATH MATED Aug.	11 168 N
3	Female White Fob 2 1885 On AGE (n years Funder 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD Months Day's Hours MM. Month Doy	Yeor 2d HOUR
	August 11	19 68 M
	O BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	MICOMICO	Mo
,[ˈ	give street oddress)  during most of warking life, even if retired	126 KIND OF BUSINESS OR INDUSTRY
-	30 USLAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CHY OR TOWN 13d INSIDE CHY LIMITS? 13e STREET AND NUMBER	
ľ	odm ssion) STATEMaryland 13b COUNTY Wicomico Salisbury YES NO R.D.5, Parson	s Poad
F	4 FATHER'S NAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle	Lost
	Gabriel Webster Mary E.	Hoffman
1	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (Son) R.D. 5 ADDRESS PAR	
П	(Yes, no, or unknown) ("Yes give war or dates of service) 216-48-5013 Mr. Clarence E. Hitchens, Salisb	
F	18. CALKE DE DEATH (Enter only one rouse per line for (chr/h) and (cl.)	APPROXIMATE INTERVAL  BETWEEN OFFET AND DEATH
L	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Corona O celuan	fully /
L	4109 DUE TO, OR AS A CONSEQUENCE OF	
	(conditions, if only, which gove ) (b) (b)	yen
L	storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	0
	last. (c)	
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
110	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	WAS PERFORMED?	YES NO R
	210 EXTERNAL CAUSE WAS 216 TIME OF NURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, the strength of	f   m
1	₹   PRIMARY   OR CONTRIBUTING   HOUR A M.	,
1	- Tie more occounts   Tie Livit of Biblet (at holling, Julie), Julies,   Ell tockhold Julies of the City of Lower	County State
	WHILE NOT WHILE of foctory, office building, etc.)	
		and in my apinian
	deoth resulted from Natural causes Accident , Suicide , Homicide Undetermined monner	A
	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE 226 DATE 226 DATE	SIGNED
	EXAMINER'S Dr. Earl L. Royer DEPUTY MEDICAL EXAM NER X	st12-/1968
	NAME (Type) 409 Camden Ave., Salisbury, Md. ADDRESS(Street, Cty, Town, or county)	
	230 BUR.AL, CREMATON, 23b DATE 23c NAME OF (EMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
L	Burial   August 14,196B   Shad Point Cometory   Salisbury, Wicom	ico Maryland
	HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE AUG 14 1968	SIGNATURE SIGNATURE
L	HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE AUG 14 1300	0 0
j.		

MARTLAND STATE DEPARTMENT OF HEALTH



	1		DAMES ON OF			DEPARIMENT OF				
1			2248	·		PRESTON STREET, BALT	IMORE, MAI	RYLAND 21201		
	1 0	ECEASED-NAME First	4680	M.ddle		olston	2o. DATE OF	DEATH		2b. HOUR
t est		[voe or print]	pert	magne		lolstein		Month 15	1968	7:01M
0 0 0	3. 5		4 RACE		ı.	S DATE OF BIRTH	Au	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
s after death The function Tages against a fire a fire		male		white		May 9, 19		last birthday) YRS.	MONTHS CIAYS	HOURS MIN.
	7a	BIRTHPLACE (State or foreign	76. CITIZEN OF W		8. MARRIE	NEVER MARRIED	9. COUNTY OF	DEATH		
in 24 I	М	aryland	v.s		WIDOWE			comico		Md.
within 24 h ely filled to ban papers within 72 h	1	alisbury	Pili	IAME OF HOSPITAL OR INS street address ne Bluff		not in hospital 12a USU during m	AL OCCUPATION ost of working none	(Kind of work done life, even if retired)	126 KIND OF I INDUSTRY	BUSINESS OR
IAN: The law requires that the death certificate be executed within all ar attending physician. Sicrete has been signed by the attending physician and completely far use as the burial-transit permit. Then place remave carban Health priar to burial, cremation, ar removal, and in any event, with	13a	USUAL RESIDENCE (Where decease ssrop) STATE	d lived, if institu Ub_COUNTY WICO	tion: Residence before	13c. CITY (		M1157 13e. ST	REET AND NUMBER		
exec d to may		FATHER'S NAME First	Middli-	olstoniost		IS. MOTHER'S MAIDEN NAME	First	Middle		Last
be de la		George	в.	Holst	4.17m	Lyd	ia	Eller	. V	yatt
arte cian and	160	WAS DECEASED EVER IN ILS ARME	D FORCES?	16b. SOCIAL SECURITY			ords o			1400
ertificate be physician c hen plinase noval, and i		(es, na, ar unknawn) (If yes give wa	or dates of service)	none		Pine Bluf			al	
red purity by The		18. CAUSE OF DEATH (Enter only	one couse per a	ine far (a), (b), and (c).	)				APPROXIN BETWEEN DE	NATE INTERVAL VSET AND DEATH
ne death cer attending p permit. The		PART 1 DEATH WAS CAUSED IMMEDIAT	BY 'E CAUSE (a)	Pulmona	ry T	uberculesis			6 m	onths
afte an,		011,9		AS A CONSEQUENCE OF						
the the sit purity		Canditions, if any, which gave) rise to immediate cause (a),	(b)							
tha an. by rran	L	stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF						
equires that physician. signed by i burial-tran	L	last.	(c)							
require physical phys	Ļ	PART 2 OTHER SIGNIFICANT COND	OTTIONS CONTRIBI	UTING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(c)		
law ndir bee s th	CERTIFICATION	19a DATE OF OPERATION 19b C	ONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20c AUTOPSY?		YES, WERE FINDINGS O	ONSIDERED IN CE	RTIFYING
The atternation of the part of	I E					YES NO 🚾	CAUSES	OF DEATH?		
ar are are a significant and a		210 ACCIDENT WAS UNDERLYING			21c.	HOW INJURY OCCURRED (Ente	r nature of inju	ry in Port 1 or Port 2,	Item 18)	
PL STEEL STE	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH								
Page 4 may be retained by the haspital ar attending physician.  Page 3 shauld be detached far use as the burial-transit permit. Then place remave carbon pape shauld be detached far use as the burial-transit permit. Then place remave carbon pape shauld be state Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 than the state Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 than the state Dept.	ME					LOCATION Street or R.F.D. No		ar Tawn	County	State
ING by the ter at		22a. I certify that (1) (this saw the deceased all couses stated above,	hospital) at	tended the decease	ed from	June I , 19	68, ta_A	ug. 15 , 19	_68_, that	(WE (we) last
ed be she she she she she she she she she sh		saw the deceased all	ve on A11	g. 15 1	9 <u>68</u> , a	nd that in <b>park)</b> (our) op	inion death i	sccurred on the do	ste and havr o	and from the
Train ta		22b SIGNATURE	(we) (ala)	(cococc) view ine	body drie	r dedin.		7 224	DATE SIGNED	
S S S S S S S S S S S S S S S S S S S		4	up 4	1.	DE	GREE PHYS	WED DIRECTOR	STAFF AL	ıg. 16,	1968
AL O		22d PHYSICIAN S	4-1CU	en my		22e ADDRESS	ZIRECTOR —	(11)		
ERA HE		NAME (Type) E.	P. Ri	tchings,	M.D	Pine Bl	uff St	ate_Hosp	ital	
HOS See 4 auto	23a	BUR AL, CREMATION, 23b. Da	ATE	23c NAME OF	CEMETERY C	R CREMATORY	23d LOCATIO	ON (City or Town)	(County)	(State)
5 g 5 g g	B		18,	1968	Line	Cemetery	Suss	Whitesvi	lle,	Del.
VR A15 (4)		FUNERAL DIRECTOR	/ Mr.	ADDRESS	. /	25g RECD	BY REGISTRAR	25b REGISTRAR S		
30M REV 1/68		Morande	01110	201/1	only	FOR WHOLE SEP	9 19	68 gelian	way your	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 F2247MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1 DECEASED NAME 20 DATE KNOWN Month Day (Type or Print) HUDSON BENJAMIN WALTER 2:30M DEATH MATED 2, and 3 to PM3. Page 6 AGE (n years IF UNDER 1 YEAR IF JNDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR A W 8-10-54 7a BIRTHPLACE (State or foreign 7b CJT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH (Contry) Niscissippi Wicomico U.S.A. WIDOWED | DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR during most of working life, even if retired). **INDUSTRY** give Pedititisula General Salisbury 130 JSJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CTY OR TOWN 13d thiside City Limits? 13e STREET AND NUMBER admission) STATE 11d. Rt. 5. Old Quantico Rd. 136 COUNTY Wicomico | Salisbury YES | NO [X] 14 FAJHER'S NAME .... Middle 15 MOTHER'S MAIDEN NAME First Hearthway Jane Hudson Walter 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) (father) Walter B. Hudson within APPROXIMATE INTERVAL certificate should be executed 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c)) farwarded to the Chief Medical PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🔼 NO 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year shauld PRIMARY OR CONTRIBUTING Fell off tractor and was run over by CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. Eity or Town County State factory office building, etc.) WHILE AT WORK AT WORK Pemberton Drive, Salisbury, Mic., 22a. I certify that I taok charge of the remains described above, held an Autapsy 🛣 Inspect on X Inquiry [X], and in my opinion death resulted Kom. Notural causes Accident X Suicide T Homicide [ Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED August 15. 1968 EXAMINER'S Earl L. Royer & M.D. DEPUTY MEDICAL EXAMINER X 5 may 70 FUNE Health NAME (Type) 109 Camdon Ave., Salishury, Md ADDRESS(Street, city town, or county) 23a. BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) ((aunty) REMOVAL (Specify)\_ 8-16-68 Christian Church Cemdtery, Snow Hill, Nor., Md 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REG STRAR 5 SIGNATURE Dennis Funeral Home. Snow Hill, Md. VR A15ME (5) 10M REV 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH



	N .	MAKILAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL-RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		12249 CERTIFICATE OF DEATH
2 (1600)	1 0	ECEASED NAME First Middle Lost 20 DATE OF DEATH 2b HOUR
t beat		(Ype or print) LES/15 Hudson SR. August 13 1968 7 8 M
for definition of the red	3 SE	1 4 9 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
affe the day		MALE White Hours MIN ALE
by durs		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
d in Joers. 72 h	cour	WIDOWED DIVORCED WICOMICO
rithin 2 ly filled an pap within		TITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  12a USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)  12b KIND OF BUSINESS OR lind of working life, even if retired.)
ficate be executed within 24 haurs after death acran and completely filled in by the funeral places remove carbon papers. Pages I part of anglin any event, within 72 haurs after death	13o odm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 15SION) STATE 10 COUNTY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
oe exected and confirmation and confirma	14. 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
ate b icran indigi	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address
and dove	Y	(es, no grunknown) (1) yes grys war or dates of segrets) 218-07-6061 Clara of Hudson Delmes, Def.
requires that the death test g physician. n signed by the attending phe e burial-transit permit. The		PART I. DEATH WAS CAUSED BY
e death attendi	1	149/X DUE TO, OR AS A CONSEQUENCE OF D
the a atia		Conditions, if any, which gove \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
that In. by t ans rem		than the underlying course. DUE TO, OR AS A CONSEQUENCE OF
equires that the physician. signed by the burial-transit burial, crematit		lost (Sundates & lung alkers. Gens.
equi phy sign burn		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
iw r ding een the	<b>₹</b> 0	70 70
The faranten attended that by se as se as the prior	T.F.CAT.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?
are use leading	1 CERT	216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
Pita Pita ad fo	MEDICAL	tif either, natify medital examiner) P.M. 19
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death testiff Page 4 may be retained by the haspital ar attending physician. O FUNE ALD DIRECTOR: After this certificate has been signed by the attending physiciatry, page 3 shauld be detached for use as the burial-transit permits though should be filed with the State Dept. af Health priar to burial, cremation, ar remayon	×	21d. INJURY OCCURRED While Not while at work 12 to PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 23f LOCATION Street of R.F.D. Na City or Town County State
by the contract of the contrac		22a. I certify that (I) (this haspital) attended the deceased from \$ -9 -60, 19 ta \$ -13-60, 19 that (I) (we) last saw the deceased alive an \$ -13-60 19 that in (my) (com) apinian death occurred on the date and hour and from the
ATTENDING etained by the Grant After a should be d		saw the deceased alive an
ATT Start St		226, DATE SIGNED
or be red w		LOSepar Fit senal MD. DEGREE PHYS & MED DIRECTOR   STAFF   13 ang 68.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with this		22d PHYSOTANS NAME (Type) 105 50 h C Fitz CERALD 22e. ADDRESS Medical Contes Salisland Med
OSP JNEF ctar,	220	BUR AL CREMATION, 23b. DATE, 23c. NAME OF CEMETERY OR CREMATORY, 23d LOCATION (City or Town) (County) (State)
TO HOSPITAL Page 4 may TO FUNERAL director, pageshould be file	130	130 MOVAL (Specify) 8/16/68 St Stephens Colmer Jussel, ald.
VR A15 (4)	24	FUNERAL DYREGISTRAR 256 REGISTRAR SIGNATURE
30M REV. 1/68		Wallem Alhard Delmos Dy DATE AUG 1 6 1968 yellowlas yusge

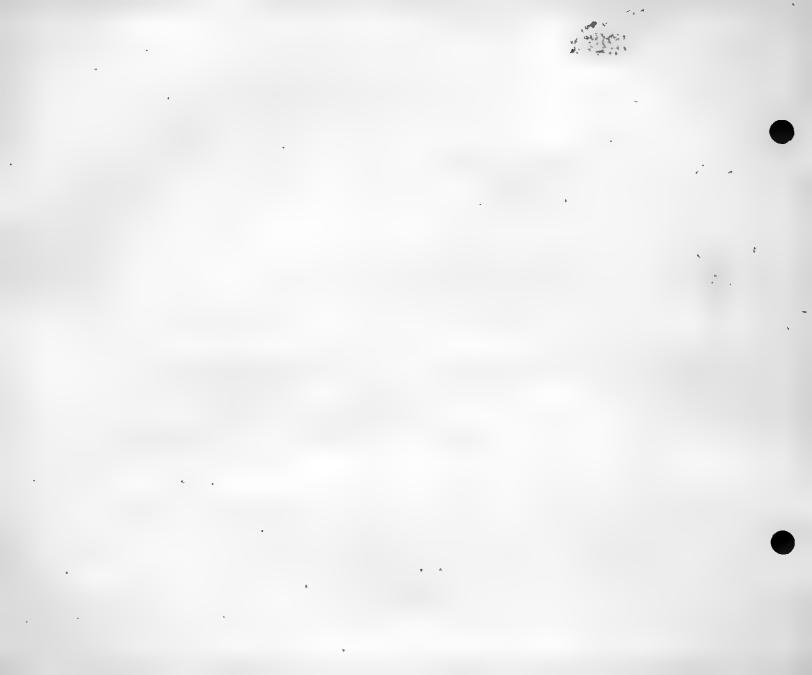


5 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1994 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	DECEASED NAME Priss Month Doy Year	2b HOUR
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	GEORGE , LERBERT HUGHES DEATH MATED 8-6-68 19	75
ny deloy is 2, and 3 to PM3. Page partment of	3 SEX 4 RACE S DATE OF BIRTH 6 AGE in years FUNDER 1 YEAR IF UNDER 24 HIS 2C. DATE PRONOUNCED DEAD  Months DAYS HOURS MIN Month 8 Day 6 Year 68	2d HOUR
2, all	To DIDTUD ACE (Study or former Tr. CITIZEN OF MULTI CONTINUE AND MADDIED TO MAD AND ADDRESS OF DEATH	9 AM
death ny deloy re Poges 1, 2, and 3 yearth farm PM3. Pogithe Stote Department	(Ountry) White HAVEN 11.5.A WIDOWED B. DIVORCED Wicomico	Md
orth Poge th fo	10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not us haspyral 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSI	NESS OR
fer death Give Poges and with far the Store	Tyaskin give street address) Route 1 33 during most of working life, even if retired.) INDUSTRY	
rs ofter death  18. Give Poges 1,  19. Give Poges 1,  20. Give Poges 1	130 USLA. RESIDENCE (Where deceased lived, if institution. Residence before 13c CTY OR TOWN odmission) STATE Md. 13b COUNTY Wicomico Tyaskin YES No. Route 1, Box 27	
hours ofter them 18 Give alon of the alon	14 FATHER'S NAME FYST Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
4 hours of tem	Josep Hugher Ellio Wainwright	4
AL EXAMINER: This certificate should be executed within 24 hours ofter death execute the certificate, writing the word "pending" in pencil in item 18. Give Pogor. Page 4 should be farworded to the Chief Medical Examiners Office along with 3 for your files.  10R: Page 3 should be used as a burial-transit permit. File pages long with the Stoural, cremation, or removal, and in any event with. n 72 hours after death	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  [Yes, no, or unknown] [If yes give wor or deves of service] [A. SECURITY NO 17 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 17 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves of service] [A. S. SECURITY NO 18 INFORMANT.  [Yes, no, or unknown] [If yes give wor or deves or unknown] [	4 1
with n per Exam	219-34-3366 Sessie Chase Saldshung, Joed.	*****
Ty SICAL EXAMINER: This certificate should be executed with y, please execute the certificate, writing the word "pending" in period director. Page 4 should be farworded to the Chief Medical Example retained for your files.  (AL DIRECTOR: Page 3 should be used as a burial-transit permit. File prior to burial, cremation, or removal, and in any event with, in 72	PART I DEATH WAS CAUSED BY	AND DEATH
executed nding" in Medicol permit.	IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	
be diperiment	Conditions, if any, which gave (b) (b)	
should be e ne word "per to the Chief I burial-transit	storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho the v to the buri	lost. (c)	
ing the	PART 2. OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writi writi rwor rwor sed	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY YES  210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	?
his of ote, e for rem	WAS PERFORMED? YES	NO
INER: This certificate, writshould be farwor files. 3 should be used option, or removo	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year PRIMARY OF CONTRIBUTING HOUR A M.	
INER: le cert shoul files. 3 shou	PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street), 21f. LOCATION Street or R.F.D. No. City of Town County	State
CAM fe th fe 4 four oge crem	WHILE NOT WHILE   factory, office building, etc.)	
DEPUTY CICAL EXAMINER: scessary, please execute the cert is funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to bur all, cremotion,	22a. I certify that I taak charge of the remains described above, held an Autapsy 🔲, <u>Inspection 🔼, Inquiry</u> 🔼, and in my	apinian
blease ex director. etoined for bur to bur to bur	death resulted from. Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
please I directs retoiner retoiner to be or to be	ACTUAL  ACTUAL	
3 5 5 7 5		1968
O DEPUTY necessary, it is funeral 5 may be r O FUNERAL Health price	NAME (Type) 409 Camden Ave., Salisbury, MdADDRESS(Street, city, town, or county)	
0 5 ± 0 0 ± 0 ± 0	REMOVAL (Specifick	ate)
	24. FUNERAL DIRECTOR ADDRESS 1250 REC'D BY REGISTRAR 1.25h REGISTRAR SIGNATURE	w.
VR A15ME (5) 10M REV 1/68	Jolley Funeral Home, Salisbury, Md. DATE AUG ! 3 1968 Policy and	<b>C</b>



		1 22:10 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1 3 0
FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	132.0
HEALTH DEPT.		DECEASED NAME First Middle Lost 2n DATE KNOWN TX Month I	Day Yeor 2b HOUR
	(		1-6819 1:10M
5 % of 1	3 5	DEATH MALED	
a p c ( £ 1		lost buthdowl MONTHS DAYS HOURS MILE	Yanr II 7 0A
any deloy is 2, and 3 to PM3. Poge		11 AA 101.12/13/ 33/83	19 LI: TOW
- E - E		BIRTHPLACE (Store or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79 COUNTY OF DEATH	
क है है		VQ. 1 U.S.H. MIDOWED DIVOKED TO TESTILES	Md
Pog Pog ith Sto	10. (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL DCCUPATION (Kind of work done 1	26 KIND OF BUSINESS OR
after death 8. Give Poges along with for with the Stote Coth.		Salisbury give street address sula General coring host of booking the corined)	NDUSTRY OCTORY
s after 18. Give a along to along the swith it deoth.	130	USUAL RESIDENCE (Where deceosed lived, if igstitution Residence before 13c CITY OR TOWN 3d INSIDE CITY OF 13e STREET AND NUMBER	
S af	٥	odmission) STATE Va. 136 CONTECCOMACK Forntown YES NO K	
24 hours after death in them 18. Give Pages 1, r. Office along with form es 1 and 2 with the State Dears after death.	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First / Middle	Lost
		Isage Johnson Ethel	Mallan
	60.	WAS DECEASED EYER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 1 ADDRESS /	Nation
pencil coming le pag	0	Yes, the of unknown) (If yes give war or dates of service) 220.32-7902 Josephine Johnson Hor	n-torus Va
This certificate should be executed within icate, writing the word "pending" in pendine be forworded to the Chief Medical Examiner be used as a burial-transit permit. File page or removal, and in any event within 72 hour	-		APPROXIMATE INTERVAL
thir thir		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
fing fing edii wi		IMMEDIATE CALSE (6) BULLET WOULD OF HEART	sudden
f M f with pent		DUE 10, OR AS A CONSEQUENCE OF	
be Tans		Conditions, if ony, which gove trise to immediate course (a).	
ony		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be executed to word "pending" is to the Chief Medical burial-transit permit.		lost (c)	
INER: This certificate should be executed exertificate, writing the word "pending" is should be forworded to the Chief Medical files.  3 should be used as a burial-transit permit. aston, or removal, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
fico ling rde os os	2	1981x	
writti wow wo ove	AT O	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERAT.ON	20 AUTOPSY?
fer for least	CERTIFICAT ON	WAS PERFORMED?	YES 🔀 NO 🗌
INER: This certificate erriting should be forworder files. 3 should be used as not on, or removal, a	3	210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year 21c HOW HJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	
S. S. June of M. S.	룅	PRIMARY AND OR CONTRIBLING 3: 40 X 20 8 8-11-68 Shot by assailant during and and an incomplete the state of t	
NER e cerres shoulfiles.	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
		while Mor while of foctory, effice building of all Horntown	Va.
JICAL EXAMINER: This certificate se execute the certificate, writing the ctor. Page 4 should be forworded to red for your files.  ECTOR:Page 3 should be used as a burial, cremat on, or removal, and		THE PART CO.	
A1. P SX P P P P P P P P P P P P P P P P P		22a. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X.	
ITY please ey, please ey, please ey, be retoined Ral Director.		death resulted Time Natural causes, Accident, Suicide, Hamicide XI, Undetermined manner	
y, pleose rol direction of prior to		ACTUAL CHIEF MEDICAL EXAMINER COST DATES	
A A L		SIGNATUREMD_ ASSISTANT MEDICAL EXAMINER	
EPUTY essary, funeral oy be n NERAL Ith prid			st 13, 1968
necessary, please execute the the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) 409 Camdon Ave., Salisbury, Ild ADDRESS (Street, city, town, or county)	
5 5 ± 5 5 ±	239	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Sounty) (Stote)
	L	Surial 8-17-68 Tabernack Bapt, Cem. Hornton A	comack Va.
	24	THERAL DIRECTOR ADDRESS 250. RECUBERRA 25b REGISTRAR 25b REGISTRAR 51	SWILRIG
VR A15ME (5) 10M REV 1/68 A. P		FUNERAL DIRECTOR  ADDRESS  Tharton Savage, Few Church, Va.  DATE AUG 1 6 1968	La Dan

MAKTLAND STATE DEPAKTMENT OF HEALTH



1 .						ARTMENT OF					
100 public	9	DJVISIO	N OF VITAL R	ECORDS 301	W PRESTO	N STREET, BALT	IMORE, MARYI	AND 21201		201	
FOR STATE		1995	44 WEDI	CALTEXAN	IHNER'S' (	ERTIFICATE	OF DEATH			0 %	
HEALTH DEPT.		CEASED-NAME Fire		Midd		Last		2a. DATE KNOWN	Month Day	Year -	2b HOU
is to af	(	MARG MARG	ARET	L.	KENTON			OF ESTI- DEATH MATED	Aug. 1	9 1968	
lay is	3 SI	X 4. RACE	5 DATE OF BI	RTH	6 AGE (In years east birthday)	IF JNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS JMH.	2c DATE PRONOUNCED			2d HOU
P 5 3	Fe	male White	11-19	-1910	57 YR	S		Manth Augus	st 19	19 68	
SMI A		IRTHPLACE (State or foreign	76 CITIZEN OF W		8 M	arried 🔄 never mag	RRIED 📗 9. COL	NTY OF DEATH			
2 2 2 2	caun	Maryland	U.S.A				RCED 🔲	Wicomico			
Sta	10. (	ITY OR TOWN OF DEATH	11	NAME OF HOSPITA	L OR INSTITUTIO	N (If not in haspita	12a USUAL O	CUPATION (Kind of wa warking life, even if i		KIND OF BUSH	NESS OR
r de ve F yw g		Salisbury	P	eninsul	a Gener	al Hospita	a L	warking life, even it i	retired.)	J31KT	
s after 18. Gi s along 2 with death	13a	USUAL RESIDENCE (Where decer	ised lived, if instit	tution: Residence	before 13c (1)	Y OR TOWN 3	I INSIDE CITY , MITS?	13e STREET AND NUM			
v =		mission) STATE Maryla					AE? NO X	5231 Bens	son Ave	nue	
haurs Item 1. Office I and 2 after d	14 F	ATHER'S NAME First	Middi	ė	Lost	15 MOTHER'S MARE		Mid	ldle	Last	
0		0	Romoser				Louise l				
		WAS DECEASED EVER IN U.S. ARMED	FORCES? e war or detes of survice)	166 SOCIAL SEC	URITY NO	17 INFORMANT		ADDRES			2122
within pencil xo xo ils pag		(11 ) 03 g	Wall be direct by mirecial			Mr. Kobe	rt P. Kei	nton, Jr. 5	231 Be		
		18 CAUSE OF DEATH (Enter of	nly one couse per	ine far (a), (b),	ong (c).)	,	//	/ .		APPROXIMATE I BETWEEN ONSET A	
executed inding" in Medical i permit. F		PART I DEATH WAS CAUS	IATE CAUSE (a)		MEN	ary f	hoper	Koses			
be exe		4109		R AS A CONSEQUE		1					
be hiel		Canditians, if any, which gave rise to immediate cause (a),	(b)								
shauld e ward o the Ch ourial-tra		stating the underlying cause	DUE TO, O	R AS A CONSEQUI	ENCE OF						
2 > = E = 1		last	(c)								
ate to the sab and and		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH B	UT NOT RELATED	TO THE TERMINAL DI	SEASE OR CONDITIO	N GIVEN IN PART 1(a)			
e certificate si writing the farwarded to used as a bu emoval, and ii	NO	t 201		1.2						Tax Tax and	
is certific te, writin farward e used a remaval,	CERTIFICATION	19a DATE OF OPERATION		WAS PERF	FOR WHICH OF ORMED?	PERATION				20. AUTOPSYT	
his ate	RTIF	O1 FVTFDN14 CALLS MAG	ALL TIME O	Tarabanya at al m			CHENTO IF			YES	но 🗀
<b>-</b>	AL CI	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING		F INJURY Month, D .M.	,	21c HOW INJURY OC	CURRED (Enter natu	re of injury in Part 1 or	r Part 2, Item 11	8.)	
ICAL EXAMINER:  P execute the certiform. Page 4 shauld ed far yaur files. CTOR: Page 3 shaul burial, cremation,	WEDICAL	CAUSE OF DEATH	F	.M.	19	DISTORTION CO.	D.C.D. II				
the the standard for th	2.		PLACE OF INJURY actory, office buildi		street,	21f LOCATION Street of	IFRED No.	City or Town	Lo	aunty	State
EXA urte nge yal Yal , cre		AT WORK AT WORK									
ICAL I tar, Po ed far CTOR: burrol		22a 1 certify that I					/ `	·	quiry .	ond in my	y opinio
Se escripion need need need need need need need ne		death resulted from.	Natural cau	ises A	ccident [],	Suicide [_],	Hamicide,	Undetermined i	monner		
dire dire		ACTUAL =	1	X	1		F MEDICAL EXAMIN				
y, ple y, ple ral di se reta tal D prior		SIGNATURE	4761	LIRE	lear	171.12	STANT MEDICAL EXA	MINER L	226 DATE SIGN	ED /	,
pepury ressory, plea e funeral dii may be reto FUNERAL Di ealth prior		EXAMINER'S	// A	7	,0		JEY MEDICAL EXAM		1- Le	, 4	
necessary, the funeral 5 may be 10 FUNERAL Health pri	20	NAME (Type)	1. P. A	1111	E 7	Y OR CREMATORY	RESS(Street, city, to		.) (5		
71 20 21	230	REMOVAL (Specify)	BATE	3.6		e Cemeter		10CATION (City or Town		,,	ate)
	24	BURTAL 8	<u>-22-1968</u>	Fica	ADDRESS	- Ochietel			-		
VR A15ME [5]		ward H. Hubbar	d 4107	Wilkens		21229	AUG 2	15 2 1968 SP RES	Color By	5 Judg	Z.



	1				DEPARIMENT C				
		72 1	DIVISION OF VITAL RECORD		ATE OF DEAT		MARYLAND 21201	- 100	Ka
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. In hospital ar attending physician.  In certificate has been signed by the attending physician and completely filled in the funeral stached far use as the burial transit permit. Then please—remaye carban papers pages I and 2 Dept at Health priar to burial, cremation, ar removal, and in any event, within 72 th are death.		CEASED NAME First	Middle		Lost		E OF DEATH  Month  Day	TADE	2b HOUR P
funeral 1 and er death	3. SE	NICHOI	LAS FREDERIC  14. RACE		FFER, Sr.			1968	UNDER 24 HRS
760	3. 38	Male	White		Dec.10,190	)6	6. AGE (In years last bythday) OL YRS		OURS MIN
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	70 I	BIRTHPLACE (Store or foreign itry) ew York	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED Z	NEVER MARRIED DIVORCED		OF DEATH		Md
within	10 (	ITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL OR  Tayle street oddress)  Feninsula G	eneral H	lospital on the	USUAL OCCUPAT	TION (Kind of work done specified)	126 KIND OF BUS INDUSTRY Owner	
dydin,	13o odm	USJAL RESIDENCE (Where deceosission) STAFaryland	sed lived, if institution Residence before 13b COUNTICOMICO	re 13c CITY OR Salisb			street and number Schumaker Lai		
- 1	14.	FATHER'S NAME First Nicholas	s J. Kieffer	15	MOTHER'S MAIDEN NA	ME First	Middle Ma <b>r</b> ia	Har	losi 1K
	160	WAS DECEASED EVER IN U.S. ARA	MED FORCES?  NOT or dates of service)  097-05-2		iformant s. Irma P.F	dieffer,	Address, Sec13		
directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers shauld be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 12 h	NO	Conditions, if ony, which gove inse to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT CON	ATE CAUSE (o)OUNCE	OF Cary I NOT RELATED TO	el Info		GIVEN IN PART I(o)  b IF YES, WERE FINDINGS (1)	10 d	ays ays
adım pri	CERTIFICATION	21o. ACCIDENT WAS UNDERLYIN	NG 216 TIME OF INJURY		YES N	CA <sup>I</sup>	INJUSES OF DEATH?		TING
	MEDICAL	White   Not while	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	19 . FACTORY,) 21f. LOC	CATION Street or R.F.C	No.	City or Town	County	State
		22a. I certify that (I) (the saw the deceased a causes stated abave	his haspital) attended/the_decellive (n.e., (1), (w.e.) (did) (dig faith) view t	ased from 19 5, and ne bady after d	that in (my) (per)	19 <u>68,</u> ta_ I apinian dea	8/13/19 th accurred an the da	te and have and	(yet) last d fram the
filed with		226 SIGNATURE	4hs	DEGRE	ATTENDING X	MED DIRECTOR	STAFF 220	DATE SIGNED -14-1968	
director, page 3 shauld shauld be filed with the			.J.Burton		Salis	sbury, M	Maryland		
directa	L		-16-1968 Wicom	of cemetery or conico Memo	rial Park		CATION (City or Town)  Lisbury Wic  AR 25b REGISTRARS	, ,,	(Store)
R A15 (4)	24	FUNERAL DIRECTOR Hill Funeral H	ome Salisbury, N			CD BY REGISTRA AUG 19	1968 REGISTRAR'S	SIGNATURE	se .



			MARYLAND STATE DEPARTMENT OF HEALTH
			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
P. Carrier and Car			1225.3 CERTIFICATE OF DEATH
leath.			ECEASED NAME First Middle Lost 2a. DATE OF DEATH Month Aug. Doy 31 Year 1968 1. HOUR
		3 S	last birthday) MONTH'S DAYS HOURS MIN
by by aurs		70	FCMALE WATER OF THE STREET THE STREET TO STREE
in the			BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVE
Thin year		10	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 126 Kind OF RUSINESS OF
	,*	5	ALIS BURY, MARYLAND BODTE Street address) WICO mico NUNSING Honorduring most of working life, even if retired.) Domestic
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by the teneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbea papers. Place and should be filled with the State Dept. af Health priar to burial, cremation, or remayal, and in any event, within 72 haurs ottendeath	/3	odm	USUAL RESIDENCE (Where deceased 1 ved, it institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JUMBS? 13e. STREET AND NUMBER 13sion) STATE VICTORIAL ASSOCIATION OF THE STATE OF
ne exe and c remo		14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
s be an al			JOHN R. HOPKINS ELIZABETH BULL
ertificate bu physician o nen please aval, and ia			WAS DECEASED EVER IN L.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (es, no, or unknown) (If yes give wer or dates of service)
ertil phy hen hen		⊨	1913, TENNETH MILES - DIOXOIN, L.C.
at the death cer the attending p nsit permit. The matian, or rema		L	18 CAUSE OF DEATH (Enter daily one cause per lipe for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:  The control of the cont
decentrate		L	DUE TO, OR AS ACCONSEQUENCE OF
t the the c		ı	Conditions, if any, which gove a door the alege the world the live years
equires that physician. signed by burial-trans			rise to immediate cause (o).  Stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF
ires ysici ned rial-t			lost (c) general yel anchievelleres
requestion of the property of			PART 2. OTHER SIGNEPLANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
law beer beer the		NO.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS BEFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The atter	X	HFICATION	YES NO CAUSES OF DEATH?
ate or us		8	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
Pital Pital af E		<b>EDICAL</b>	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19
PHYSICIAN: The law re he haspital or attending this certificate has been letached for use as the bopt. af Health priar tal		Ι".	21d. INIJIRY OCCURRED While at wark 2 of INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
NING P by the frer th be del			
Affe d by d be e Ste			saw the deceased alive an 2/30 19 2% and that in (my) (aur) apinian death accorred an the date and hour and from the
TTE daine had			causes stated a bove, (I) (we) (did) (did) (did) after death.
REC 3 s d wij			226. SIGNATURE  DEGREE ATTENDING DIRECTOR STAFF PHYS.   22c. DAYE SIGNED 22c. DAYE SIGNED 22c. DAYE SIGNED
AL C Ny bo	1		22d. PHYSICIAN 22e. ADDRESS <sup>1</sup>
FRA mo	- 1		NAME(Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre		230.	BUR AL CREMATION, 23b. DATE / 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
5 5 5 p		24	REMOVAL (Specify) 9/2/68 MT. HOLLY CEM ONANCOCK ACCOMPCK VA. PUNDRAL DIRECTOR 256 REGISTRAR S SIGNATURE
VR A15 [4 30M REV, 1/		14	ADDRESS PECT BY REGISTRAR S SIGNATURE  ANALOGY WATE SEP 3 1968 YOUR SIGNATURE
			The state of the s



Millsboro, Delaware



. 1		MAKYLAND STATE DEPARTMENT OF HEALTH	
FOD STATE	4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
HEALTH DEPT.	1	LZZ5 SMEDICAL EXAMINER'S CERTIFICATE OF DEATH  JECEASED NAME  First  Middle  Lost  L	<u> </u>
***************************************		Type or Print)	
ay is 3 to Po⊪e nt of	3 5		G.18 168 M
Any delay is 2, and 3 ta 2. And 3 ta 3. An		Male White NOV.7,1929 38 YRS MONTHS DAYS MOURS MEN AUG.18.196	
of the Salah	سنسا	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH	8 19 PM
	COUN	SOMERSET CO. U.S.A. WIDOWED DIVORCED WICOMICO CO.	• Md.
oath Staff		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done	12b KIND OF BUSINESS OR
Give Pages Give Pages ang with fag ith the State		SALISBURY PENINSULA GENERAL HASPITATION TRUCK DRIVER	INDUSTRY
hours after de fem 18. Give P Office alang wi and 2 with the ifter death.	130	USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d MSIDE CITY LIMITS? 13e, STREET AND NUMBER	
ors af		dmission MARYLAND 1 SOMERSET PRINCESS ANNES □ NOX S. SOMERSET	AVE.
hours afte Item 18. Gi Office alan I and 2 with after death	14 F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	⊾ost
nci in noi in mer's pages haurs	160	EDWARD MARSHALL DOROTHY LINTON  WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
within 24 hours after death in pencif in Item 18. Give Pages 1, Eleminer's Office along with form Ne pages I and 2 with the State Din 72 hours after death.	()	Yes no neumbornan)	NCESS ANNE
rin pe	-	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL
xecuted nding. Medical permit.		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  Cananase  Turism ferses	BETWEEN ONSET AND DEATH
Mec Mec		4/09 DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe "pe "pe "pe "pe "pe		Conditions, if any, which gave rise to immediate couse (a), (b)	
orld artic		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
e shauld be e the ward "per ta the Chief ! s burial-transit nd in any even		(c)	
# <del>=</del> = 5		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
rtifica riting rarded od as val, a	NOI	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate, writh se forwar be used or removal	CERTIFICATION	WAS PERFORMED?	YES NO
Thr icati	CERT	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	
INER: T e certific shauld b files. 3 shauld oatian, ar	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M 19	·
AIN Be of the control	ME	21d NJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. Na City or Town	County State
DEPUTY DICAL EXAMINER: ressary, please execute the cert e funeral director. Page 4 shault may be retained for your files. FUNERAL DIRECTOR: Page 3 shousalth prior to burial, cremation,		WHILE AT WORK AT WORK factory, office building, etc.)	
VILE Xecu Por for OR: F		22a   certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry (	and in my opinian
Se e cror cror ned record by but		death resulted fram: Natural causes 🔼 Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner	r 🗌
EPUTY ssary, please e funeral director ay be retained INERAL DIRECT		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF	TE CLANES
JTY, Feral be r RAL price		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER LI	TE SIGNED
O DEPUTY necessary, the funera 5 may be 5 real be Health pa		EXAMPLES TRACTOR & Tractor	Main St.
O DEPUTY necessary, the funera 5 may be O FUNERA! Health pri		BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (CITY OF TOWN) 5 DT	(Courby) Md (Stote)
	B	RURLL 8/21/1968 FAIRMOUNT CEMETERY FAIRMOUNTAY	MERYLAND
X		FLNERAL D.RECTOR ADDRESS 250 REC D BY REGISTRAR 25b REG STRAR	
VR A15ME (5) 10M REV 1/68		LEVIN R. WILSON PRINCESS ANNE, MD. DATE AUG 2 2 1968	corles Judges



		55/15/0N			PARTMENT OF H		AND 01001		
	- 5	12255	OF VITAL RECORDS,		TE OF DEATH	IMUKE, MAKTL	AND 21201	; 23	66
1 DECEAS	ED-NAME F	<u> </u>	Middle	LINITION	Last	2a. DATE OF DEA	TH		2b. HOUR
(Туре	ar print) WA	LLACE	LINWOOD	MA T1	THEWS	Au	Month Day	1958	6:20PM
3. SEX		4. RACE			DATE OF BIRTH	6	AGE (In years	IF UNDER I YEAR	IF JMDER 24 MRS. HOURS MAN
	Male		White		June 4, 1912		st birthday) 56 YRS.	WON192 Ov12	nuuka min
countries	PLACE (State or foreign Maryland	76. CATIZEN O	F WHAT COUNTRY?	8 MARRIED  WIDOWED	NEVER MARRIED [] DIVORCED;	Y COUNTY OF DEA			Md.
ri i	R TOWN OF DEATH		NAME OF HOSPITAL OR IN: give street address) Peninsula Ge	neral Ho	hospital 12a USUA	L OCCUPAT ON (Kir ast of warking life,	d af wark dane even if retired.)	126 KIND OF E	
13a USU/	L RESIDENCE (Where dec	agrad lived if in	rtitution. Davidance hefere	13c CITY OR TO	MN 13d INSIDE CITY LIK		AND NUMBER	parran	119
admission	) STATE Marylan	d 13b. COUN	Wicomico	Salisbu	ILA AEZ MO	634	Decatur	Avenue	
14 FATHE	R S NAME First	Midd	lle Last		OTHER'S MAIDEN NAME FI		Middle		Last
$\perp$	Elmer		Matthews		Virgini			Ha 1	es
	DECEASED EVER IN U.S. /	ARMED FORCES? We wan or dates of service	166. SOCIAL SECURITY 218-12-11	1 4 1	RMAN (Daughter	-	Address R		
_No_				170.2	<u>Barbara Le</u>	<u>e Evans,</u>	Salisbu	APPROXIM	y land
18.	PART I, DEATH WAS CAL	JSED BY:	er line far (a), (b), and (c)		7 10.6	1-100	1	BETWEEN ON	NSET AND DEATH
	4100 MMI	DIATE CAUSE (a)		facus	Oral 1	a jake	410M		nus
	ditions, if any, which gas		OR AS A CONSEQUENCE OF	Levero	aclounted	: heart	diseas	0 (1	vs.
	ta immediate cause (a ing the underlying caus		OR AS A CONSEQUENCE OF	1. 4.00	361616	- / ( )	4 7 4	7	.11.7
lost		(c)							
PAF	T 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBJTING TO DEATH BUT N	OT RELATED TO TH	IE TERMINAL DISEASE OR C	ONDITION GIVEN IN	PART I(a)		***
8 4	,								
CERTIFICATION 1200	DATE OF OPERATION	9b. CONDITION FO	R WHICH OPERATION WAS PE	RFORMED	20a AUTOPSY?	CALISES OF	, WERE FINDINGS C DEATH?	ONSIDERED IN CE	RTIFYING
210	ACCIDENT WAS UNDERL	YING TOTAL THE	AE OF INJURY	21. HOW	YES NO LA INJURY OCCURRED (Enter		Port 1 or Port 7	Itam 191	
3 0	R CONTRIBUTING CAUSE OF	DEATH HOUR	A.M. Manth Day Year		MOOK! OCCORRED (EIIIGI	i ildiole di ilijoty ili	TOIT F OF TOTAL Z,	nem ro-j	
₹ 210	ther, natify medical examination of the state of the stat		P.M. 1:  JRY ( AT HOME FARM, STREET, FA OFFICE BUILDING, ETC.	TORY \ 21f. LOCAT	ION Street or R.F.D. No.	. City or 1	awn	County	State
Wh at w			OFFICE BUILDING, ETC.	1				,	
		(this haspital)	attended the deceas	ed from:	5-31,196	28, to 6	2.1 , 19	68, that	(I) (we) last
	saw the deceased	alive on	(id) (did nat) view the	9 <u>68</u> , and the	nat in (my) (aur) api	n <del>i</del> an death accu	irred an the do	ite and haur o	and from the
22b	SIGNATURE _	14ef (1) (Me) (1	and ford that) view life	body difer ded			22c.	DATE SIGNED	
	John	50	political	M. BEGREE	ATTENDING PHYS	NED ST IRECTOR D PI	AFF D Aug	ust 22	/1968
1 201	PHYSICIAN'S			1	22e. ADDRESS				
22d			B 11 1		I C Calich	ury Blvd.	Salish	urv. Mai	ryland
22d	NAME(Type) Dr.	John T.							
23a BUF	NAME (Type) Dr .	b. DATE	23c NAME OF	CEMETERY OR CR	MATORY	23d LOCATION (	City or Town)	(County)	(State)
230 BUR	NAME (Type) Dr .	b. DATE		nico Memo	MATORY	23d LOCATION (		(County) omico, Ma	,



. 7						MENT OF HEAL		
		* 1 m 1 m 1	DIVISION OF VITAL				E, MARYLAND 21201	10087
(AA)			12257	CER'	TIFICATE OF	DEATH		
<b>€</b> \_\$€		ECEASED-NAME First		Middle	Lost	20.	DATE OF DEATH	2b. HOUR
dea dea dea	L	lype or print) Patrick	He	enry	McGee	I	lug. Month 25 D	1968° 8 P. M
hours after death in by the funealiers. Pages 1 and 2 2 hours after death	3 \$	male	4. RACE white		S DATE OF E	.6, 1891	6. AGE (In years Id Phithdoy) YRS	IF UNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS M.N.
by Prour	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUN	ITRY? 8. MJ	ARRIED 🔀 NEVER MA	RRIED 9. CO	UNTY OF DEATH	
d in 72 h		Virginia	U.S.A.	Wit	OWED DIVO	ORCED 🔲	Wicomico	Md
may be retained by the hospital or attending physician.  RAL DIRECTOR: After this certificate hos been signed by the offending physician and completely filled in by the funeral page 3 should be detached far use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after dear		CITY OR TOWN OF DEATH Salisbury	give street odd	ress) s Head St	ON (If not in hospitol  ate Hospi	120 USUAL OCC during most of tal Reti	UPATION (Kind of work done working life even if reficed) red Gas Sta	12b. KIND OF BUSINESS OR INDUSTRY TION Owner
4 5 E		USUAL RESIDENCE (Where deceos	and liverand of amoratarian and Dance	danca bafasa (17)	CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
comp dave / eve	Vuii	Marylar Marylar	nd 13b COUNTY Carol:	ine Gr	eensboro	YES NO	RFD #1	
be exe	14	FATHER'S NAME First  John W. 1	Middle	Lost		Record	Middle	Lost
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compilatively, page 3 should be detached far use as the buriol-transit permit. Then please remave constructor, page 3 should be detached far use as the buriol-transit permit. Then please remave construction of the state Dept. of Health prior to buriol, cremotion, or remavel, and in any even	160	WAS DECEASED EVER IN U.S. ARN (es, no, or unknown) (1 Yes grow w	ED FORCES? 166 SOC or or dates at service 216	11 SECURITY NO -26-749	17. INFORMANT Douis	se McGee	Greensboro	, Maryland
ceri ig P Thei			y one cause per line for (o)	), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath ndin iit.		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIA	TE CALISE IOL CA.	of bladd	er with me	etastasis		2's years.
offer on, c		188X	DUE TO, OR AS A CON					
the sit p	П	Conditions, if ony, which gove	(b)					
thot n. by 1 rons	П	rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CON	SEQUENCE OF				
sicio ol-ti ol, c	1	lost )	(c)					
requi ng phy n sign e buri		PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TERMINA	AL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)	
low Indir I bee	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPER	ATION WAS PERFORM	MED 20o AUT	OPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
hos e a	層				YES [	NO T	CAUSES OF DEATH?	
or or or use other		210 ACCIDENT WAS UNDERLYIN			21c HOW INJURY OF	CURRED (Enter notur	e of injury in Part I or Part 2	Item 18.)
CIA Trigilal Pf H	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month	Day Year 19				
PHYSI he hosp this cer efache Dept. c	ME	21d INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY ( AT HOME, OFFICE BL		21f LOCATION Stre	eet or RFD No	City or Town	County State
ING Dy the Ter Se d	L	22a. I certify that (I) (th	s haspital) attended t	he deceased fr	m July 8	, 1568,	to_Aug 25 _, 1	9_68 , that (I) (we) last ate and haur and from the
E A A B A B A B A B A B A B A B A B A B	L	saw the deseased a	ve an Aug. 25 , (I) (we) (did) (did no	1900	_, and that in (n	ny) (aur) opinian	death accurred on the d	ate and hour and from the
the transfer of the transfer o	L	22b. SIGNATURE 1	, (1) (we) (aid) (did no	i) view me body	direr dediri.		220	DATE SIGNED
OR I be re DIREC		VV/	Mulch	· W	DEGREE ATTEND PHYS.		R PHYS E AT	ıg. 26, 1968
SPITAL 4 moy 4 ERAL or, par Id be fi			Maldve, M.					, Salisbury, Md
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached far use as the buriol-tronsit should be filed with the State Dept. of Health prior to buriol, cremoth	230		28–68 <sup>2</sup>	Holy Cr	OSS		LOCATION (City or Town) ear Greenst	
VR A15 (4) 30M REV 1/68	24/	FUNERAL DIRECTOR	s Steens	ADDRESS .	md.	DATE AUG 2	9 1968 ycus	
	-							// //



- 1	MIARILAND STATE DEPARTMEN	
	-DIVISION OF VITAL RECORDS, 301 W. PRESTON STREE	
	12258 CERTIFICATE OF DE	
- 1'	(Type or mot)	Month Day Year
2	MARION ROBERT MCINTYRE  SEX 4 RACE S. DATE OF BIRTH	
3	Male White March 10	
7.		763
6	unity)	UTCONTCO
1	Maryland USA WIDOWED DIVORCED  CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital	WICOMICO Md  120 USJAL DCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
	Salisbury give street oddress) a General Hospita	during most of working life, even if retired)   INDUSTRY   Supervisor   Food Processing
	1 ( ) 69499	INSIDE CITY LIMITS?  S NO Box 38
Ī	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDE	
		ora E. Twilley
- 17	O WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ( WT	
- 1	Yes, no, or unknown) (If yes give war or dotes of service) 218-05-8912 Mrs. Myrt	le L. McIntyre, Eden, Maryland
F	18 CAUSE OF DEATH (Enter only one cause per line fee (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	MINNO 1-2VN
	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave	
	rise to immediate couse (a).  stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
	lost (¢)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PART 1(0)
	, <u>, , , , , , , , , , , , , , , , , , </u>	
X	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY	CAUSES OF DEATHS
^	YES 🗀	NO [
		RED (Enter noture of injury in Port 1 or Port 2, Item 1B.)
	(If either, notify medical exominer) P.M. 19	
	While Not while OFFICE BUILDING, ETC.	R.F.D No City or Town County State
	of work of work	1968, ta 8.21, 1966, That (1) (we) last
	22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 19 , and that in (my) (	aur) apinian death accurred an the date and haur and from the
	causes stated abave, (1) (yye) (did) (did nat) view the bady after death.	, , , , , , , , , , , , , , , , , , , ,
	22b. SIGNATURE ATTENDING	MED STAFF 22t DATE SIGNED
	DEGREE PHYS	DIRECTOR LI PHYS LI August 20/1968
4 5	22d. PHYSICIAN'S NAME (Type)	
_	Ur. Henry A. Briele imedica	al Center, Salisbury, Maryland
[2	o. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
8	REMOVAL (Specify)  August 26, 1968 Allen Church Cemete	ry Allen, Maryland o REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	The state of the s	ATE AUG 27 1988 Clearles Queles
-	HOLLOWAT & CONTANT, SALISDONT, MAKTERNO D	All works for the state



1	-	1	DIVISION OF VI		OI W. PRESTON		MORE, MARYLAND 2	1201	39
de and in the state of the stat		CEASED MAME Fire AL	LAN	Middle LADD	MOR	GAN	20. DATE OF DEATH  Month	Day Year	2b Hour 2 P M
24 hours after death, ed in by the funeral ppers. Pages I mid no 72 hours after death	3 SE	MALE	4. RACE	ite	5 DATE	OF BIRTH - 16-68	6 AGE (In y lost birthd		IF JHOER 24 HRS HOURS MIN 5 43
24 hour ged in by opers. Pour n 72 hour	70 E	SIRTHPLACE (State or foreign try)	76. CITIZEN OF WHAT			DIVORCED [		omico	Md.
	S	aty or town of DEATH alisbury-Pe	ninsula""		Hospita	during me	as occupation (Kind of wor ost of working life, even if i	retired) 12b KIND O INDUSTRY	F BUSINESS OR
	odm	USUAL RESIDENCE (Where dece	13b COUNTY W	comico -	Salisbury	1 1	- Hanco	che Trailo	- Park
cion and a cion and a ease remo		ATHERS NAME PITST			in III	RS MAIDEN NAME F	ona,	B Volk	LOST
th certificate be ling physicion of Then please removal, and ii		no	n war ar dates of service)	b. SOCIAL SECURITY/NO.		NT (Father Richard E	) R.D.4 A ugene Morgan	III, Salis	bury, Md
atending permit. The ion, or reme		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU: IMMES	SED BY. DIATE CAUSE (o)  DUE TO, OR AS A	(consequence OF	Immatur	74 1	900gm	S -	ONSET AND DEATH
low requires that the death certificote be executed nding physician. been signed by the attending physicion and complast the burial-transit permit. Then please remove call into burial, cremation, or removal, and in ony evention to burial.		Conditions, if ony, which goverise to immediate cause (o) stating the underlying coustlest.	(0)	A CONSEQUENCE OF					
t: The low requires the or attending physician. te has been signed by use as the burial-traioth prior to burial, cre	NO	PART 2 OTHER SIGNIFICANT OF $7.76 \times$					·	<u></u>	
or attending of has been or use as the eolth priar to	CERTIFICATION		b. CONDITION FOR WHICH		Y	ES NO NO	CAUSES OF DEATH?	INDINGS CONSIDERED IN	CERTHYING
	MED,CAL C	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF 0 (If either, notify medical exort 21d INJURY OCCURRED 21	HOUR A.M. Ininer) P.M.	Month Doy Yeor  19  HOME, FARM, STREET, FACTOR		`	r noture of injury in Port 1 o		20-62
y the hospi for this certi e detoched tote Dept. o	-	While Not while at work of certify that (1) (	( OF	FICE BUILDING, ETC.	/	Street or R.F.D. No	City or Town	County	State
A the		saw the deceased	alive an ve, (j) (we) (did) (di	-6/	, and that i	in (ngy) (aur) api	nian death occurred a	n the date and hou	r and from the
		226 SIGNATURE	ales C Co	Ulmo In!	DEGKEE PH		NED STAFF	22c DATE SIGNED	4
O HOSPITAL Poge 4 moy O FUNERAL I director, pog should be fil	925		Chester C.	Collins	Me		nter, Salisbu		
Poge TO FU direct short	230	BEMOVAL # dec (y) A		8 Wicomico		1 Park	23d LOCATION (City or To Salisbury, W	icomico, Mar	y land
30M REV 1 8	-7.	HOLLOWAY &	COMPANY, SA	L12BURY 3	TAK T LAND	DATE AU		(charles y	reger

MARTLAND STATE DEPARTMENT OF HEALTH



	μü	em 10 film 403 0-16-60 MARYLAND STATE DEPARTMENT OF HEALTH
		mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		12260 CERTIFICATE OF DEATH
خ _عاد		ECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
e e e	(	Type or print) NEWELL WILLIAM PAYNE AUG Month 3 Day 68 Year 800 PM
the safety	3 \$1	27 PEBO2 los biphdoy) YRS MONTHS DAYS HOURS MIN.
hour s. P		BIRTHPLACE (Stole or foreign 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
in 24 filled in poper hin 72	L	VT. DIVORCED DIVORCED WI COMICO Md
ed within 24 siletly filled torbon poperant, within 7	10 4	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital  120 USUAL OCCUPATION (Kind of work dame during input of working life, even if retired)  120 USUAL OCCUPATION (Kind of work dame live kind of Business or during input of Working life, even if retired)  130 NOUSTRICE TAIL
ote be executed within 24 hours rigin and completely filled in by elease remove carbon popers. Po and in any event, within 72 hours		USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13 CTY OR TOWN 13d INSIDE CITY INITY 13e STREET AND NUMBER 1551001) STATE D 15b COUNTY WOR POCONORY YES NOW 15c NOW 15
exe Co	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
for and control of the control of th		WILLIAM ? PAYNE BEITY ? PICCHARD
		Was Deceased Ever in U.S. ARMED FORCES? Ves, no arunknown) (It yees give war or danes at service) 215-26-3089 W. PE-CARRE P. SAUTE (WIFE)
ng p The		18. CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY  APPROX.MAPE INTERVAL BETWEEN OWSET, AND GEATH  OF THE PROX.MAPE INTERVAL BETWEEN OWSET, AND GEATH
he deoth attendin permit. ion, or re		PART 1. DEATH WAS CAUSE (b) PNEOMOD (7)
affi perr ron,		DUE TO, OR AS A CONSEQUENCE OF
the the motified		Conditions, if any, which gave (b) 13-501 (5)
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then poshould be filed with the State Dept. of Health prior to burial, cremation, or removal,		storing the underlying couse (c) CARCINOLED TOSIS, Pancreas
phy phy sign buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding the the	8	
The law ratending has been se os the h prior to	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSYO  YES  NO  200. AUTOPSYO  CAUSES OF DEATH?
or of the Fall of		21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
CAN Figure 1	MEDICAL	CIT or CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for usehould be filed with the State Dept. of Healt	MEI	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while
the det	ш	lot work at work
DIN Py Affe Sto	Н	22a. I certify that (1) (this haspital) attended the deceased from 1960, ta 3000, 1960, that (1) (we) last saw the deceased alive an 3000 and that in (my) (aur) apinian death accurred at the date and have and from the
oor the	П	causes stated above, (I) (we) (did) (did nat) view the body after death.
R AI		226. SIGNATURE  PLOULLY BOOKE OF CLE CONTROL ATTENDING DIRECTOR PHYS STAFE SIGNED  226. DIRECTOR PHYS SIGNED
D P Pe		22d, PHYSICIAN'S 22e, ADDRESS 2
O HOSPITAL Page 4 moy O FUNERAL director, pog should be fil		NAME (Type) CHARLES BAGCEY 14 MY SPULSBURG WIS
HOS Age / FUN FUN	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
5 5 5 5 S	-	ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV 1/08 ()	24.	Sobert H. Watson Boomoke M.D. DATE AUG 7. 1968 Keuseles yings
121		TOTAL TOTAL TOTAL TOTAL TOTAL AND TO

. . 4 3 4 17 24 J 1 4

. 1			NVICION I	MARYLA OF VITAL RECORDS		EPARTMENT OF		ARVIAND 21	201		
	\$1	12	26%	,		TE OF DEATH		ARTEMIO ET	201	1,27	1
	DECEASED-NAME	First		Middle		East	2a DATE				25 HOUR
L	(Type or print)	MERT		IRENE GOLI	ER PHII	LIPS		August	11	1968	9:20AM
3.	SEX ,		4 RACE		5	DATE OF BIRTH	09	6 AGE ( n ye	ears (	IF UNDER 1 YEAR AONTHS DAYS	HOURS MIN
7-	Female			White	10	120118	O COUNTY	18	YRS.		
€0	BIRTHPLACE (Stote outily)	~	b ciligery of	S A	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY	OF DEATH ATCOMECO			Md.
10	CITY OR TOWN OF I	DEATH	11	NAME OF HOSPITAL OR	NSTITUTION (If nati	n hospital 12a US	UAL OCCUPATI	ON (Kind of wor	k done	12b. KIND OF B	USINESS OR
	Salisbur		b,	ive street oddress) ser's Head	State Ho		4043	ng life, even if re	1/ -	THOUSTRY P	Deme-
/ 13- / ad	o USUAL RESIDENCE mission) STATE Mary Lar	(Where deceased	Hived, if inst	itut on. Residence befor Y <b>1ester</b>		WEST STATE		STREET AND NUM			
	Mary Lar		T		Cambrio	ge		600 Elm	Stree	et.	l A
14	PATTER'S NAME	Anies	Middl	Gold Gold	ler	CIZAL	oth	m	ladie	Dolla	Lost IAh
16	o. WAS DECEASED EV Yes, no, or unknown	ER IN U.S. ARMED	FORCES? by dates of service	16b SOCIAL SECURIT	NO. 17 INF	ORMANT, they	-ine	Phillip	dress	em bri	dos
-	18 CAUSE OF DI	ATH (Enter only	ane cause pe	r line for (a), (b), and (	1)		77.52	7	3,1.0		ATE INTERVAL SET AND DEATH
	PART I. DEAT	TH WAS CAUSED E	SY: CAUSE (a) _	Bronchop						3 da	
П	485	X		OR AS A CONSEQUENCE O	F						
	Conditions, if ony		(b)								
H	stating the unde		DUE TO, O	OR AS A CONSEQUENCE C	F						
	last. 497	χ ,	(c)_							<u> </u>	
				IBUTING TO DEATH BUT			KCONDITION G	VEN IN PART I(0)			
200	19g DATE OF OPER			sis and Dia		20a. AUTOPSY?	20h	IF YES, WERE FIN	IDINGS CON	VSIDERED IN CER	RTIFYING
CERTIFICATION	E I I I I I I I I I I I I I I I I I I I	170.00		WHICH OF ENAMED THE	ERI ORNED	YES ☐ NOZ	Z & 11	SES OF DEATH?	1011100 101	1010-21120 17 241	
				E OF INJURY		INJURY OCCURRED (En		njury in Port 1 or	Port 2, Ite	am 18.)	
MEDICAL	OR CONTRIBUTING		HOUR A.	M. Month Day Yes M.	19						
ME	21d. INJURY OCCI While Nat what was not wark at war	JRRED 21e PL		RY ( AT HOME FARM, STREET, OFFICE BUILDING, ETC.		TION Street or R.F.D. I	Na. C	ity or Town		County	Stoře
П	22o. I certify	that (1) (this	haspital)	attended the decea	sed from Jan	uary 23 , 19	_68 , to_	ugust 1	J., 19_6	58_, that	(A) (we) last
L	sow the	decedised all	e on Au	d) (did xixt) view th	_19_ <del>00</del> , and i	hat in ( <b>rhy)</b> (our) o	pinion deat	h occurred on	the dot	e <mark>ond</mark> hour o	nd from the
н	22b. SIGNATURE	uren unuve,	(M (Me) (n	/ / view it	e bouy direi de	3111.			22c. D#	AJE SIGNED	
н		W	deal	ale.	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF X	8/	12/68	
Т	22d. PHYSICIAN'S			-	1	22e. ADDRESS					
	NAME (Type)	L. V.				Deer's He			tal,	Salisb	ury, Md
23	REMOVAL (Specify	ON. 236 DA	TE / /	235 NAME C	PCEMETERY OR CE	MATORY KOT	23d 10CA	TION (City or Tov	Trk	(Colunty)	(State) /
24	FUNERAL DIRECTOR	9-11	1	ADDRE	× 52	2Son RECE	BY REGISTRA		STRAP'S S	IGNATURE	. 400
K	uldx	. /rell	me	4. Court	1000/11	CINE DATE	AUG 1 5	1308	Fine	may for	0



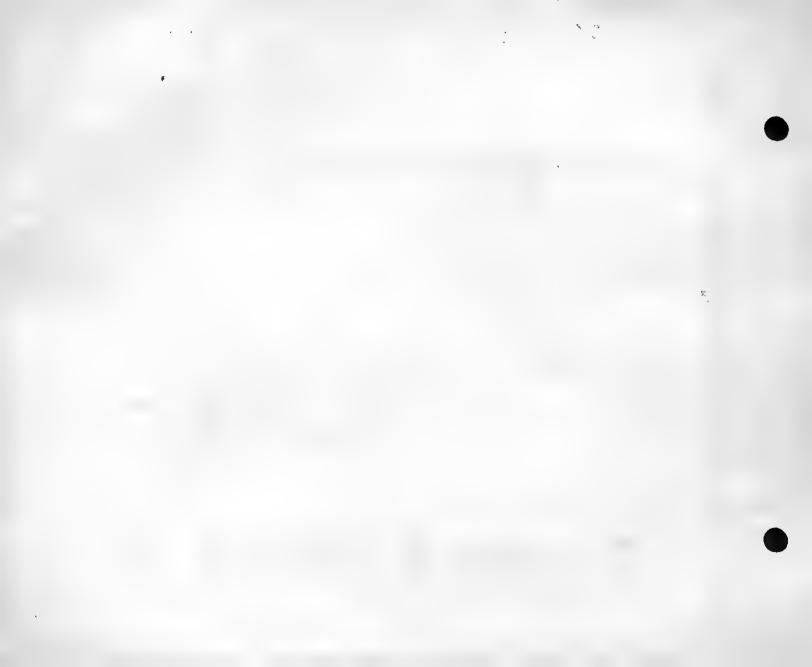
FUR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12262MEDICAL EXAMINER'S CERTIFICATE OF DEATH	772
HEACTH DEPT.		DECEASED-NAME (Type or Print)  ROBERT LEE PHILLIPS  OF EST- DEATH MATED 8-22-	
del and M3.	3 5		Year 68 5 m
ges 1, 2, ges 1, 2, darm PA	can	BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED 9 COUNTY OF DEATH  WIDOWED DIVORCED VICONICO  CITY OR TOWN OF DEATH  11 NAME OF MOSP TAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12))	Md.
er death			b KIND OF BUSINESS OR DUSTRY
haurs after 18. 6 Office afon 1 and 2 with after death	L.	adm ssion) STATE N.d. 136 COUNTY Jicomico Salisbury YES NO 728 Jestover FATHER 5 NAME First Middle .ast 15 MOTHERS MAIDEN NAME First . Middle	Drive
hin 24 haurs aft ncil in Item 18. nnner's Office alo pages I and 2 wit hours after deat		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 2001 ADDRESS Yes, n.g. or unknown) (If yes give wer or dates of service)	www.
ed with in pen of Exami it. File p	-	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
<b>ICAL EXAMINER:</b> This certificate should be executed within 24 hours after death execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages for Page 4 should be forwarded to the Chief Medical Examiner's Office along with fact of your files. <b>CTOR:</b> Page 3 should be used as a burial-transit permit. File pages land 2 with the State burial, crematian, or remayal, and in any event within 72 hours after death		PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Retastatic carcinoma of liver    (2)   DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave   (b) Carcinoma of lung	months
hauld b ward " the Chie urial-tran		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	year
ficate sing the rded ta as a bu	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certified exertificate, writh should be farwar files.  3 should be used notion, or remayal	CERTIFICATION	190. Date of operation 7-25-68  195. Condition for which operation WAS PERFORMED? Liver biopsy	20. AUTOPSY? YES NO R
INER: Te certifice should be files. 3 should anotion, or	MEDICAL CE	21a. EXTERNA. CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJRY (At home, form, street, 21f. LOCATION Street or R.F.D. No City or Town	County State
bical Examiner: This can be execute the certificate, ctor Page 4 should be failed for your files.  ECTOR: Page 3 should be userviced in the control of the c		WHILE AT WORK AT WORK factory, affice building, etc.)  22a. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection XI, Inquiry XI,	and in my apinian
please exe director I director I DIRECTOR		death resulted from Ngtural causes X, Accident , Suicide , Hamicide , Undetermined manner	
SSOTY, promoted by be removed by be removed the price of		ACTUAL AC	26, <b>1</b> 968
TO DI nece the 5 m 10 Fu Heal	230	BURIAL, CREMATION, 230 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOGATION (CITY OF TOWN) (CO	aunty) (State)
VR A15ME (5)	_	Jolley Funeral Home, Salisoury, 11d. DATE SEP 5 1968 Action	
NOW NEW 1700	lane.		00



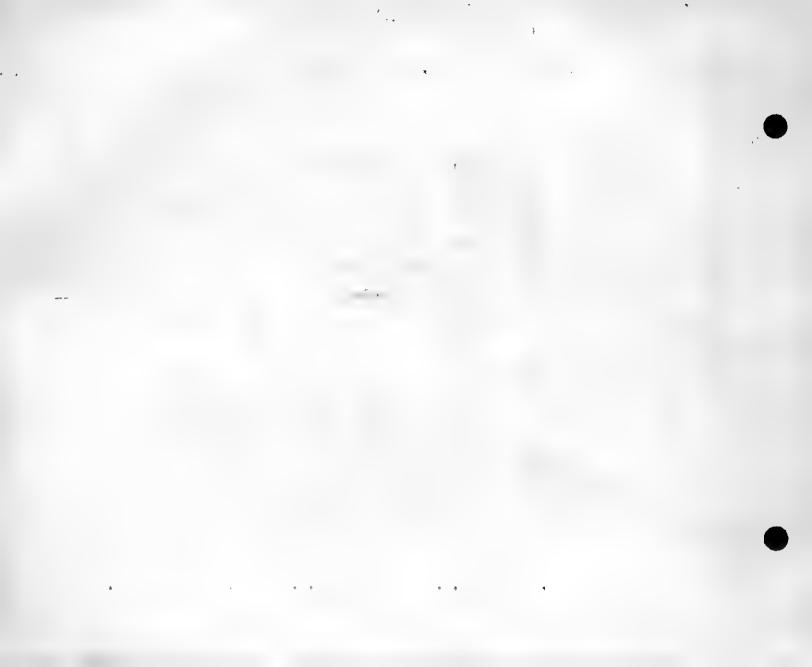
1			The state of the s	DIVISION			RESTON STREE		RE, MARYLAND 21201	. 2012	2
			122	263			ATE OF D		•		3
€ (10 <b>%</b>			ECEASED-NAME First	5	- Middle		Last	2a.	DATE OF DEATH		2b. HOUP
Nours after death			FRED	rick			PINDER		8 Manth 24 Da	1960	4:45 M
fter e fu es l		3. \$1		4 RACE			S DATE OF BIRTH	26,188	6. AGE (In years	HE JNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Mours after		7	Male BIRTHPLACE (State or foreign	7L CITIZEN A	White  OF WHAT COUNTRY?	0			TKS.		
E.S.		COU	atry)		OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIE		UNTY OF DEATH		
The d		10. (	Mary Land ITY OR TOWN OF DEATH	USA	11 NAME OF HOSPITAL OR INS		at in hospital	12p. USUAL OCC	UPATION (Kind of work dans	125 KIND OF	Md.
and the second s	; 1		Salisbury		and strage advisors?		e Hosp.	during most of	warking life, even if retired)	INDUSTRY	DO SIMESS OK
ed w		13a	HIGHER DES DENGE ORB I	I Family of	stitution: Residence before	13c CITY OR	TOWN 13d	INSIDE CITY LIMITS?	13e. STREET AND WIMBER	2 100.	
ecution ove	1	Ouri	ussian) STATE Maryland	13K COU	Caroline	Mary	707	ES NO SE	None		
be ex	- 1 P	14	FATHER'S NAME First Willia	M d		15	Clara	IN NAME For I	Hursey		Last
cate siciar pleas		160	WAS DECEASED EVER IN U.S. ARA es, na, approximation (III yes give v	IED FORCES? or or dates all servi	16b SOCIAL SECURITY I	10. 17 1	NFORMANT	D4 4	Address		2
phys en g					102-07-		rmily r	lnder	Marydel, Ma		
Fig. Ce			1B. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE IMMEDIA	y ane couse   BY:	per line for (a), (b), and (c).	) 4 - 0-	7 - 64 7			BETWEEN O	MATE INTERVAL ENSET AND DEATH
dea trent rmit o, ar			IMMEDI)			nic Ca	. Tert 1	rung		l_yc	ar
the are to be a triangle of the article are are article are are article are are are are are are are are are ar			Conditions, if any, which gove	DUE TO,	, OR AS A CONSEQUENCE OF						
hat n. sy ff ansi			rise to immediate cause (a), stating the underlying couse	DUE TO,	OR AS A CONSEQUENCE OF						
res t sicia ed t al-tr			lost.	(c)							_
phy sign buri			PART 2 OTHER SIGNIFICANT COR	DITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DI	ISEASE OR CONDIT	ION GIVEN IN PART I(a)		
w referred the		NO	10 ×1								
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papels should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, with an 72 should be detached for the state of	2	CERTIFICATION			PR WHICH OPERATION WAS PE		206 AUTOPSY	NO 🚾	20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?		RTIFYING
AN: al ar cate ar u Heal			210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT	G 21b. TII	ME OF INJURY A.M. Month Day Year	21c. H0	DW INJURY OCCUR	RED (Enter notus	re of injury in Part 1 or Port 2,	Item 18.)	
SICI spito errifi ed f		MEDICAL	(If either, notify medical exomi	er)	P.M. 19						
p PHY: the hor this co		~	While Not while of work	PLACE OF INJ	COFFICE BUILDING, ETC.				City or Tawn	County	State
DING by 1 Affer be 0 Stat			22a. I certify that (I) (the saw the defeased #	s haspital)	ottended the deceose	d from	ti/2h	, 19 <b>60</b> ,	to 8/24 , 19	60_, that	(I) (we) lost
TEN ined pould the			couses stoted opove	, (I) (we) (	did) (did not) view the	body after	deoth.	(our) opinion	death accorded on the d	ne and naoi	una nom me
R AI reta			22b. SIGNATURE	10	Oct. 14		ATTENDING PHYS	MED.	OR STAFF 22c.	DATE SIGNED	
y be DIR			22d, PHYSICIAN'S	MU	come 1 W	DEEK	22e. ADDRES		OR PHYS.	8/26/68	3
SPITA 4 may 1ERAL 1 dr. p	1		NAME(Type) L. V.		re, M. D.		Deer	s Head	State Mospita	l; Salis	bury, Md
HO age FUN irect		23a	BUR AL, CREMATION, 23b. BURY (Specify) 8-		23c. NAME OF				LOCATION (City or Tawn)	(County)	(State)
		24	BUTIAT 8-	28-68	Mt.	Olive	100	a. REC'D BY REG	andtown De	SIGNATURE	
VR A15 (4) 30M REV. 17	68	(	LE Box D	* 1	AB 1 C			ATEAUG 2	8 1968 Lilia	Was Ver	ice.
		-	1 Ses- New Class	100/	WICON AUT	Call,	1146-10	NILL TO B	J. 100p		



			12			PARTMENT OF HEA		
#	1			DIVISION OF VITAL RECOR	DS, 301 W. PREST	TON STREET, BALTIMO	RE, MARYLAND 21201	1 1 O Hy .
	•			Italia, FilmG403 8/16/68 km	1 CERTIFICAT	E OF DEATH	12264	. 74
	3.00			CEASED NAME First Middle		Lost 2	DATE OF DEATH	2b. HOUR-
	To To Date		(1	rpe ar print) E// = 2	Powe	.11	AUQUIST Day	1968 62 M
	5 3 E A		3 SE	4 RACE /		DATE OF BIRTH	6 AGE (in years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	# (1)		F	1 1	io	10/5/1/	loat birthday)	MONTHS DAYS HOURS MIN.
	\$ 2			IRTHPLACE (State or fore gn 7b CITIZEN OF WHAT COUNTRY?	8. MARRIED N	15VED 444001505 / 19. 6	OUNTY OF DEATH	
	72 hg		toun	Workester Berlin S.	WIDOWED K	DIVORCED [	Wicon	ico Md.
	in 24 filled i poper hin 72				OR INSTITUTION (If not in I	1 1 //	CUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	physician and campletely filled in phase; remove carban papersoval, and in any event, within 72		S	alisbury - Peninguia den	eral Hosp	oital of the	( working life even if retired )	IND_STRY
	ed y	٠,	130	USUAL RESIDENCE Where deceased ved, if institution. Residence be	fore 13c CITY OR TOW		13e STREET AND NUMBER	
	evie	- 3	domi	sion shi Breester	Derli	YES NO		
	exe id c emo any	J.	14. F	ATHER'S NAME First Middle 24	om 2f fac	THER'S MAIDEN NAME First	Middle	Lost
	rtificate be execut physician and cam en please remave oval, and in any ev			ur		unkni	war.	
	ate icial leas			WAS DECEASED EVER IN & S. ARMED FORCES?  [10] Of Lipk Dayword   [10] yes give wor or doings of service]		RMANT	Address	
	tific lhys n p	i		(If yes give war or dates of service) 214-12-	55989	1). WY	icce	
				18. CAUSE OF DEATH (Enter only one cause per my jar (a), W. or	d (c) /	//		APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
	ਰ <i>ਜ਼</i>			PART I DEATH WAS CAUSED BY:	Talic (	arcin	men	continon
	a a a			DUE TO, OR AS A CONSEQUENCE	F OF			
	the sit of mate			Canditions, if any, which gove a				
	y the		Н	rise to immediate cause (a),  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE	F OF			
	equires that the physician. signed by the burial-transit burial, cremat			stoting the underlying cause Due 10, OR AS A CONSEQUENCE lost				
	hys gne uria		Ι.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E	UT NOT RELATED TO THE	E TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1(c)	
	The law requires the attending physician, has been signed by se as the burial-traith priar to burial, cre		_	1992				
	law bee		ATIO.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION W	AS PERFORMED :	20o. AUTOPSY?	206 IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
	IAN: The law retal, are a strending I ficate has been sfor use as the telestrate	X	CERTIFICATION			YES NO	CAUSES OF DEATH?	
	ar ar us			21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY	21c, HOW II	NJURY OCCURRED (Enter nat	ure of injury on Part 1 or Port 2, I	tem 18)
	HYSICIAN haspital, s certifica sched far spt. af He		ਤ	or contributing cause of Ceath HOUR A.M Month Day	Year 19			
	YSI asp cert cert hed hed		MED	21d Noury OCCURRED 21e PLACE OF INJURY / AT HOME FARM, STR	ET FACTORY. 1 211 LOCATIO	ON Street at R.F.D. Na.	City or Town	County State
	G PH the h this detacted			While Nat wh, le of wark	- 1		,	
	N ≠ × ≠ × ± v ate			22a. I certify that (!) (this hospital) attended the de-	eased from 7-	18 1968	. to 2 - 4 . 196	68 , that (I) (we) last
	d b Aff			saw the deceased aliveran of are	192 <u>41</u> , and the	at in (my) (aur) apinia	n death accurred an the da	te and haur and fram the
	or ATTENDIN be retained by DIRECTOR: After ge 3 shauld be ed with the Sta'			causes stated abave (I) (we) (Ad) (did not) view	the body ofter deat	th.		
	reformation with with with with with with with with			22b Storfdare		ATTENDING MED	STAFF C	DATE SIGNED
	De be			of sound	DEGREE	PHYS DIREC	TOR LI PHYS LIZE	868.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital, ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Nen please remove carban pagers. And the shauld be detached for use as the burial-transit permit. Then please remove carban pagers.	1		22d PHYSICIAN S NAME (Type) DAVID J. GILMO	Re	NEDICAL CE	Witer, SALIST	ury mol
	O HOS Page 4 O FUNI directo		239/		F OF CEMETERY OR CREE	MATORY D 23	CATION (City or Town)	(Caunty) (State)
	5 5 5 in the		1	REMOVAL Specific 8-1-68 14	Woll	hellen 1	dellin /	Dur. yua
	VR A15 (4	92.0	24	FUNERAL DIRECTOR BOLL SALLEY ADD	DRESS		GISTRAR 2Sb REGISTRANS	SIGNAUK!
	30M REV. 1.	X	-	1000 recolors		DATE AUG	: 3 1000	0 0



1 I			DIVISION OF Y		301 W. PRESTON STR			YLAND 21201		
.	4	12	265	. (	ERTIFICATE OF D	DEATH			**	75
1.		EASED-NAME First pe or print)		Middle	Lost		20. DATE OF		Vari	2b. HOUR
	(1)	pe or pittle)		S.	Price			August 23	1988	9P.M.
3	SE)	4	4. RACE		S. DATE OF BIR			6 AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF JNDER 24 HRS HOURS MIN
L		Male	Whi		FEB.		1876	9 2 YRS.		
	a B	RTHPLACE (State or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8 MARRIED MEVER MARR	ILU	9. COUNTY OF			
L		MARYLAND	4.51	7.	WIDOWED DIVORE			comico		Md.
110	). (I	TY OR TOWN OF DEATH	11, NAI	ME OF HOSPITAL OR INST reet addiass)	ateHospital	during mo	. OCCUPATION ist of working l	(Kind of work done if a even if retired.)	126 KIND OF B INDUSTRY	USINESS OR
L	D	Salisbury						ife, even if retired.)	WATER	MAN
	denis	JSUAL RES DENCE (Where deceosision) STATE	LAS COUNTY			YES NO	1.00	EET AND NUMBER	) h	
-		TIRYLAND FIRST	Middle	GC SCT	15 MOTHER S MAI			Middle	7.0	Locati
	4 17	SEVER N	MIDDLE	PRICE	IS MUTHER'S MAI	ARLOT		Mindle	1/1	11:4-
1	60.	WAS DECEASED EVER IN U.S. ARN	IED FORCES?	166 SOCIAL SECURITY N	O. 17 INFORMANT	MALO	<i>, c</i>	Address 5/	MAY LIVE	PTIC
		s, no, or unknown) (If yes give w	gr or dates of service)	4NKNEUM		men L	NATSON	1- SALIS		MA VOID
F	٦	18. CAUSE OF DEATH (Enter on	v one couse ner line			LYTELL V			APPROXIM	IATE INTERVAL ISET AND DEATH
П		PART I. DEATH WAS CAUSED	BY- TE CAUSE (o)	Coronary	Ceclusion				BUTWIN ON	X1 AND DEATH
ı		4109		A CONSEQUENCE OF			***************************************			
Т		Conditions, if any, which gave)			rotic Cardio	vascul	ar Dise	ase	Year	8
1		rise to immediate couse (a). ( stating the underlying couse (		A CONSEQUENCE OF						
П		lost.	(t)							
Т		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE OR CO	ondition given	IN PART I(a)		
Ŀ	N.	7 201								
	3	190 DATE OF OPERATION 196.	CONDITION FOR WHI	CH OPERATION WAS PER				YES, WERE FINDINGS OF DEATH?	ONSIDERED IN CEI	RTIFYING
	CERTIFICAL	210 ACCIDENT WAS UNDERLYIN	C BIL TIME OF	IACHIPM.	YES			0-410-40	4 101	
		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	Month Doy Yeor	21c HOW INJURY OCCU	JKKEU (Enter	noture at injur	y in Port 1 or Port 2,	item 18 j	
	MEDICAL	If either, notify medical examing 21d No. RY OCCURRED 21e	PLACE OF INJURY (	AT HOME FARM STREET FACE	ORY.) 21f LOCATION Street	or P.F.D. No.	City	or Town	County	Stote
L		While Not while	TERET OF HOOK! (	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	211 LOCATION SHEET	OF KILLE, NO.	cut	01 104411	cosmit	3.010
	ŀ	DI WOLK OT WOLK	s haspital) atte	nded the deconse	d from 3/13/68	. 19	, ta 8	123/68 , 19	, that	(I) (we) last
		22a. I <b>certify</b> that (!) (thi sow the deceased a	ive on 8/	23/68	ond that in (my		nion deoth o	ccurred on the do	te and hour o	ind from the
	- {	couses states obove	, () (we) (did) (	did not) view the l	ody ofter deoth.					
		22b SIGNATURE	11,0	A. a to	ATTENDING	G & Mi	ED IRECTOR	STAFF	8/24/68	
	1	22d PHYSICIAN'S	much	we w	L PHYS 22e. ADDR		RECTOR L	PHYS.	0/24/00	
			Maldve.	M.D.			18, Sal	isbury, M	d 218	01
2	3a	BURIAL, CREMATION, 23b I			E METERY OR CREMATORY			N (City or Town)	(County)	(Stote)
ľ	.54		26-68	ROCK	CREEK		CHA.		Som	MD
	24	UNERAL DIRECTOR	7 4	ADDRESS	4	2So REC'D BY	Y REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
	1	erroy webs	In T.	rincess a	were med	DATE AU	G 2 7 1	988 Och	mla Du	100



1	12	-266 DIVISION OF VITA		PARTMENT OF HEALTH ON STREET, BALTIMORE, MARYI	AND 21201	
FOR STATE	4	Item 2am	DICAL EXAMINER'S		12268 - ~~	376
HEALTH DEPT.		ECEASED NAME First	M ddle	Last	UE ECT	Day Year 2b HOUR
3 to		Addle	E.	PURNELL	DEATH MATED 🗌 8	20 1968 M
deloy 3 3 3	3 \$	A RACE S DATE O	last burthday)	MONTHS DAYS HOURS MIN	2c DATE PRONOUNCED DEAD Mogth Day	Yeor Lo
\$1,80	70			19	INTY OF DEATH	19 () A M
de De	COUR	MBSRUNND U	W AZ	DOWED D VORCED	Wieomer	Md
offer deoth 3 GyerPoses along with the with the State	10 (	ITY OR TOWN OF DEATH	NAME OF HOSPITAL OR INSTITUTION OF STREET OR HOSPITAL	ON (If not in hospital 12a LSLAL Of	CUPATION (Kind of work done 1)	26 KIND OF BUSINESS OR NOUSTRY OM G
Guerros Guerros Inflittesso	130	USUAL RESIDENCE (Where deleased lived, if in	we street oddress IN BR		working life, even if utured)	HOME
		imission STATE 134 COUN	PAR BITTORIE RESIDENCE DETOTE ISSUED	FRUN YES NO DX	BRIDDLEFT	W R.P
hours of Item 18 Office ab Tond 2 wi	14	ATHER'S NAME First M	tradle Last	15 MOTHER'S MAIDEN NAME First	Middle	Lost
24 the train lift ris of ris o		EURGE FASSE	77	SUSAN S	SMACK.	
		WAS DECEASED EVER IN U.S. ARMED FORCES? es no, attentingwr) (If y save wer er dates of ser	16b SOCIAL SECURITY NO	17 INFORMANT	P. ADDRESS	BERLING
d with the Exon File n 72	-	18. CAUSE OF DEATH (Enter only one couse	2/20-03-649	KA INR. YULT	JURNEUL.	APPROXIMATE INTERVAL
be executed within "pending" in pencil rief Medical Exomine posit permit File pog event within 72 ho.		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Cononna	v thrombosis		BETWEEN ONSET AND DEATH
be execute "pending" lief Medical snsit permit			), OR AS A CONSEQUENCE OF		-	
		Conditions, if any, which gave ) rise to immediate cause (a), (b).				
should be en word "pe or the Chief burnd-tronsit in ony even		stating the underlying cause DUE TO	), OR AS A CONSEQUENCE OF			
e sho the v to the burn d in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	UPUT NOT BELLET	D. TO THE TERMINAL DISCLASS OR COMP. T.	ALCOURN & DART IV	
ertificate should writing the word rworded to the Ch sed os a burrat-tra lovol, and in any		Diabetes	- Arteri	osclerotic hear	t disease	
	CERTIFICATION	19a DATE OF OPERATION	196 COND TON FOR WHICH C	PERATION		20. AUTOPSY?
his ote, se fo	RTIFIC	DI EMPERALLI SE ISE MAS				YES NO E
뜨금 필입		PRIMARY OR CONTRIBUTING HOW	E OF INJURY Month, Day, Year UR A M. P.M. 19	21c HOW INJURY OCCURRED (Enter natu	re of injury in Part - or Post 2, Hen	n 18)
INER In Cer Shou Shou files 3 shou notion	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJU	JRY (At home, form, street,	2.f LOCATION Street or R F D No	City or Town	County State
Cres		WHILE AT WORK AT WORK foctory, affice by	ulding, etc)		·	
VI E		22a   certify that I taak charge		ve, held an Autapsy, Ins	pectian . Inquiry .	and in my aphian
		death resulted from Natural	causes (1), Accident [],	Suicide 🔲, Hamic de 🔲,	Undetermined manner	
		ACTUAL ACTUAL	1.01	CHIEF MEDICAL EXAMIN	ER 225 DATE SI	GNED8/20/68
UTY UTY, UTY, Derical De De PERAL		SIGNATURE CAMERICAL EXAMINER'S	Turey	M.D. ASSISTANT MEDICAL EXAMI		bury Md.
necessary, price funeral S may be re TO FUNERAL Health prior		NAME (Type) Phifip A.	Insley	ADDRESS(Street, city, to		
10 To H	230	BURIAL, CREMATION, 23b DATE REMOVAL (Spec (v)	23c NAME OF CEMETE	RY OR-CREMATORY 23d	LOCATION (City or Town) (	County) (State)
8	24	FUNERAL DIRECTOR	68 FVGY	LORE EN	S STRAR 256 REGISTRARS S	MOR JE
VR ATSME (5)	43	Ama A. Bi	whose B	elin Mode AUG	27 1968 Jelio	rlas Judge.



. 1		MARTLAND STATE DEFARIMENT OF TEALTH
10		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		12267 CERTIFICATE OF DEATH
deoth.		(EASED NAME pe or print) First bert Middle Cavne/ 20. DATE OF DEATH Month Dgy Yeor 8 4 M
offer of funder of fer	3 SE	4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER LYEAR IN UNDER 24 HICK
ors after your the Pages ours after	20 0	1010 HUNDUS 114 11 118
within 24 hours after shiftled in by the son papers. Pages within 72 hours after shiftled in 12 hours	COUN	RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED WICCOMICO Md.
n 24 Med pap iin /	10. C	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
withi edy fa bon with		alisbury - Peninsula General Hospital during most of working liter even if refined) INDUSTRY
requires that the death certificate be executed within 24 hours after a physicion.  signed by the attending physician and completely filled in by the the burial-transit permit. Then please chave corbon papers. Pages a burial, cremation, or removal, and in any event, within 72 hours after	13o odmi	JSUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER STORY LAWL 13b COLINITY ACCOSTCR NEWARK YES NOW SO X 73
ond co	14 F	THER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
ond iii	17	to dgar furnell Harriett Porter
nticate b nysican n please val, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 214-28-1344 Chief Furnell Bat 73 Mewalk, Md.
equires that the death certifice physicion. signed by the ottending physburial-transit permit. Then plantial, cremation, or removal,		18 CAUSE OF DEATH (Enter only one couse per the for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY:  APPROXIMATE INTERVA, BETWEEN OMSET AND DEATH
leat mit.		IMMEDIATE CAUSE OF OTHER PROPERTY OF THE PROPE
he off per ion,		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove
at the sit mail	П	rise to immediate cause (a) ( D)
ion. J. by trau	П	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost.
uires nysik gned irial rial	Н	PART 2 OTHER SIGNIF-CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
v required by the plan signature of the pure to but the but th	N.	FACE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECALLED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN FACE (6)
The low ottendin has been the prior t	CERTIFICATION	196 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
r of r of lith	ERTIF	TES NO
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or ottending physicion. O FUNEAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use os the burial-transhould be filed with the State Dept. of Health prior to burial, cresshould be filed with the State Dept. of Health prior to burial, cresshould be filed with the State Dept.	MEDICAL C	210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Month Doy Year  If either, notify medical examiner)  21c. HOW INJURY OCCURRED (Enter noture of injury in Port.) or Port 2, Item 18.)
PHYSI hosp iis cer toched		21d IN.JRY OCCURRED   21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY)   21f LOCATION Street or R.F.D. No City or Town County Stote While Not while 1
the part of the pa		220 I certify that (I) (this haspital) attended the deceased from 7-30-68, 19, , to 8-1-, 19-68, that (I) (we) lost
ATTENDING etained by the CTOR: After I should be divith the Stote		sow the deceased give on
OR:	Ш	couses stated above, (1) (we) (d d) (d d not) view the body ofter death.
E G P P P P P P P P P P P P P P P P P P		226 SIGNATURE ATTENDING MED STAFF 22c. DATE SIGNED
OR be re	14	X JULY TO JULY DEGREE PHYS DIRECTOR PHYS.
O HOSPITAL OR ATTEN Poge 4 may be retained O FUNERAL DIRECTOR: director, poge 3 should should be filed with the		1220 APPISICIAN'S MAME (Type) David J. G./more Medical Center Salesburg, and
HOS oge 4 FUN FUN inecte	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCAT ON (City or Town) (County) (Store)
5- 5- s	24	REMOVAL (Specify) 8-5-68 Centar Chapter Registrar 250 REGISTRAR'S SIGNATURE  UNERAL DIRECTOR 200 CA ADDRESS 2 6 64 5 250. REC'D BY REGISTRAR'S SIGNATURE
30M REV 1 4 A	24.	F. T. K. G. Vila. , FURCIN KALL RITE.
A)&		Josella & Jouly Saltstury, Med. DATE AUG 8 1968 Milanda Junger

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2262MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 1 DECEASED NAME M ddle 20 DATE KNOWNEY Month Year 2Ь НО∪ЯА (Type or Print) 1968 10;11 31 JULIA JONES RANDOLPH DEATH MATED deloy IF LADER 1 YEAR 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (is yours IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR east hunday) Dec.16,1884 ₩. 1968 10:10 Female White 76 CIFIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Alabama WIDOWED | DIVORCED U.S.A. Wicomico 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR giv Page in 1981 a General Hospitalduring most of working life, even if ret red) INDUSTRY Unknown Salisbury 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER odmission) STATE abama 13K COUNTALLE 805 Oots Greensboro YES IN NO "pending" in pencil in Item 18. land 2 after 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Middle Kate Jones Randolph John haurs forwarded to the Chief Medical Examiner's 166 SOCIAL SECUR TY NO 17 INFORMANT 160 WAS DECEASED EVER IN J.S. ARMED FORCES? ADDRESS (Yes, no, or unknown) Mr. W.S. Cook Box 386 Demopolis, Ala. 900-00-3522 File within APPROXIMATE INTERVAL certificate should be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony which gove rise to immediate couse (a), wr fing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 D used 190 DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🔲 21o. EXTERNAL CALSE WAS 216 TIME OF MURY Month, Day Year 21c HOW INJURY OCCURRED (Enter noture 3 should PRIMARY OR CONTRIBUTING 21d INJURY OCCURRED 21a\_P\_ACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. Lityar Jown may be retained for your FUNERAL DIRECTOR: Page Mauns NOT WHILE 220 I certify that I took charge of the remains described above, held on Autopsy ... Inspection | Inquiry . and in my opinion the funeral directar. Undetermined manner deoth resulted from Natural couses Accident Suicide Homicide [ CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8-31-1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS (Street, city, town or county) Salisbury, Maryland Dr. Earl L. Royer NAME (Type) 23b DATE 230 BUR AL CREMAT ON 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Greensboro, Hale. Alabama Old Greensboro Cemetery 9-3-1968 Burial 24 FUNERAL DIRECTOR 250 REC D BY REG STRAR 25b. REGISTRAR 5 5 GNATURE Milaneas Judge VR A15ME (5) Hill Funeral Home Salisbury, Laryland SEP 1968 DATE 10M REV 1/68

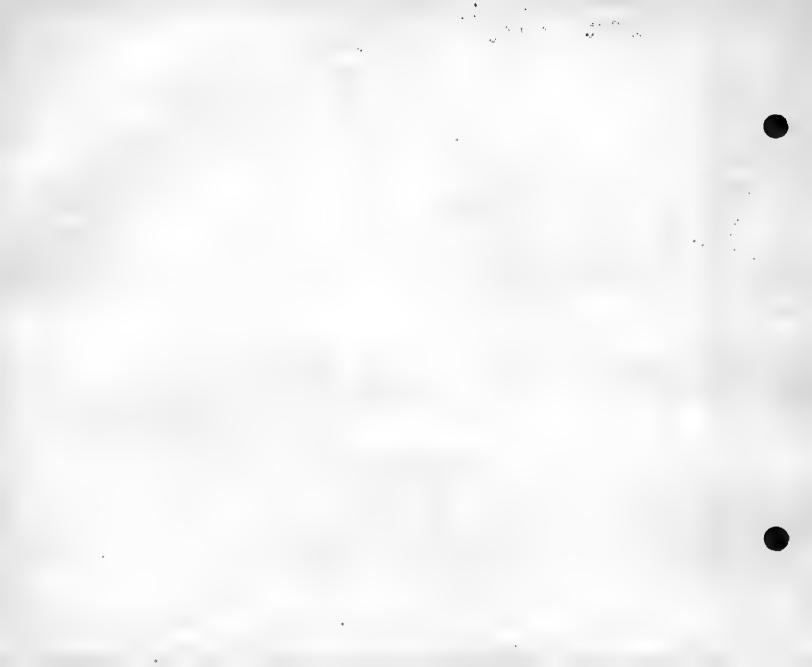
MARYLAND STATE DEPARTMENT OF HEALTH

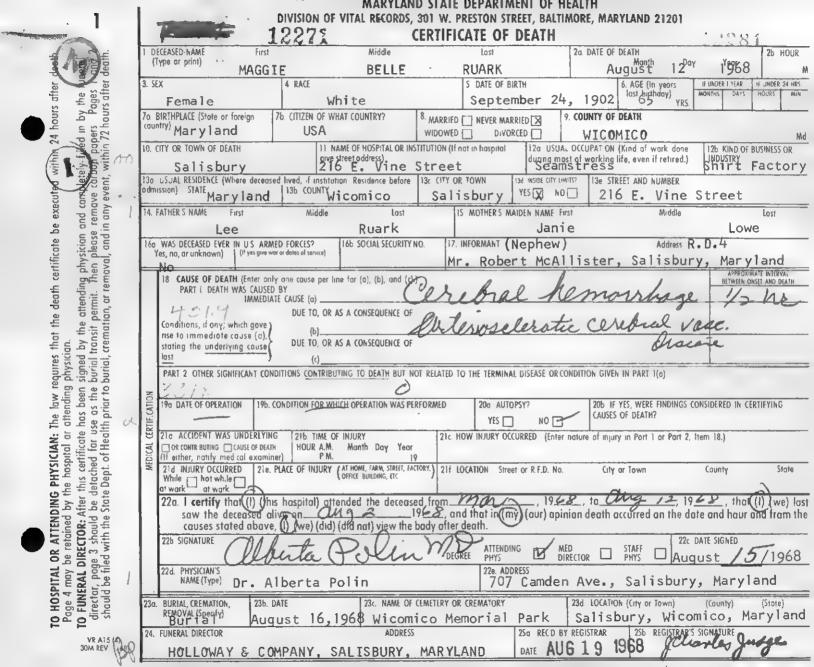
\$ \$2\* \*\*\*

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 1 Film Gho? CERTIFICATE ~OF within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY COMICE MARYLAND b CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Saliebury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS West Main Street YES | NO 🔀 corbon NAME OF Middle First DATE Month Last DOY Year completely DECEASED 5 event, (Type or print) 19 DEATH SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X **NEVER MARRIED** remove last birthday) Months Doys Haurs requires that the death certificate be exect in ony WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Store, or foreign country) eose during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 70 14 MOTHER'S MAIDEN NAME attending phys permit. Then p ian, or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give wor at dates af service) MAIN cremotian, 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) ) INTERVAL BETWEEN the signed by the burrol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if only, which gave nse to immediate cause (a). DUE TO stating the underlying cause prior to 10 FUNERAL DIRECTOR: After this certificate hos been the last. OS WAS ALTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? USe Health YES NO Por the hospital 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBLE NG CALSE OF DEATH detoched f (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, TIME OF INJURY Month, Day, Year (City or fown) (County) (Stote) AED. Haur 'a m. Not While factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an , and that death occurred a from causes apt and the date stated above. 220. SIGNATURE M.D PHYS. DIRECTOR PHYS. director, page should be filed 22c. PHYSICIAN'S 22d ADDRESS Poge 4 moy NAME (Type) 23a BURIAL CREMATION 23b DATE THEREOF 23c MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Stote) REMOVAL (Specify) uria 250. REC'D BY REGISTRAR AUG 16 **TUNERAL DIRECTOR** VR A15 (4) 25M 1/67



1		DIVICION OF V			PAKIMENI UF		
	1	2270			TE OF DEATH	IIMORE, MARYLAND 21201	100
	DECEASED-NAME First (Type or print)		Middle		Lost	2a. DATE OF DEATH	Day Year 7 O.D.
L	Elw	ood			ark	August 2	2 1968 1:20
3. 3	SEX	4. RACE		S.	DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
L	male		white	J	an. 12,	1897   71 YR	
70	BIRTHPLACE (State as foreign	7b. CITIZEN OF WHA	T COUNTRY?	8 MARRIED 🔀	NEVER MARRIED	9. COUNTY OF DEATH	
$\mathbb{M}$	aryland	U.S.A	A	WIDOWED [	DIVORCED	Wicomic	O Md.
10.	CITY OR TOWN OF DEATH	11 NAN	NE OF HOSPITAL OR INS	TITUTION (If not in	nospital 120 USU	AL OCCUPATION (Yand of work don	135 KIND OF DUCINITIES OF
S	alisbury	Pine	Bluff	State	Hospital	nost of working life, even if retired.  Carpenter  LIMITS? 13e STREET AND NUMBER	- INDOSEKT
13a	USUA, RES DENCE (Where deceo:	ed lived, if institution 13b. COUNTY	n Residence before	13c CITY OR TO	WN 13d INSIDE CTY	IMITS? 13e STREET AND NUMBER	C. I
	nission) STATE aryland	W-	icomico	Salis			Street
14	FATHER'S NAME First	Middle	Last	15, M	OTHER'S MAIDEN NAME	First Middle	Last
L	Elijah		Ruark		Estl	her -	Adkins
160	WAS DECEASED EVER IN . S API	AFD FORCES?	66 SOCIAL SECURITY N	17 INFO		ords of Address	
	Yes, no, or unknown) (1 yes give v		220-12-1	350	Pine Blu	ff State Hosp	ital
	1B. CAUSE OF DEATH (Enter or	ly one cause per line					APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY NTE CAUSE (a)	Carcin	oma of	lung		unknown
1	1621		A CONSEQUENCE OF				
П	Canditians, if any, which gave						
	rise to immediate couse (a), stating the underlying couse(		A CONSEQUENCE OF				
П	last.	(c)					
П	PART 2 OTHER SIGNIFICANT COL		NG TO DEATH BUT NO	T RELATED TO TH	IE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
CATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH	H OPERATION WAS PER	RFORMED	20a. AUTOPSY?		S CONSIDERED IN CERTIFYING
1 5 0					YESTE NO	CAUSES OF DEATH?	ves
CERT 5	21a. ACCIDENT WAS UNDERLYIN	IG 216 TIME OF I		21c. HOW	INJURY OCCURRED (Ente	er noture of injury in Port I or Port	
MEDICAL	OR CONTRIBUTING CAUSE OF DEA'	HOUR A.M.	Month Doy Year				
AFD		PLACE OF INJURY (A	T HOME, FARM, STREET FAC	TORY ) 21f LOCAT	TON Street at R.F.D No	o City or Town	County State
	at wask at wash						
1	22a. I certify that (4) (th	is haspital) atter	ded the decease	d framA110	14 , 19.1	68 , to Aug. 22, I	19_68, that \$8 (we) last
	saw the deceased a	live on Aug	22 1	968 , and $1$	nat iro(pay) (aur) ap	intan death accurred an the	date and haur and fram the
	causes stated above	e, (Xt (we) (did) (1	ident) view the l	oady after dea	th.		
	22b. SIGNATURE	EMD -	A		ATTENDING PHYS		ug. 22, 1968
		/ Tule	hungs	DEGREE		DIRECTOR PHYS LA	ug. 22, 1900
	22d. PHYSICIAN'S NAME (Type)	P. Ritch	nimes M	r n	22e ADDRESS	off State Ham	-1-7
						uff State Hos	
230	BURIAL, CREMATION 23b.			CEMETERY OR CRE		23d LOCATION (City of Town)	(County) (State)
2	BUT Specify) 8-	25-1968	Bethel	neth.	Ch. Cem.	Walston Walston Syregistran	licomico Md.
24.	FUNERAL DIRECTOR HOME	F. Wall	Lace ADDRESS	0 h	ZSO. KECD		KS SIGNATURE
	Tramentee	rellau	Hale	very, 11	DATE .	A TO IOMO YOU	TOTAL LANGER



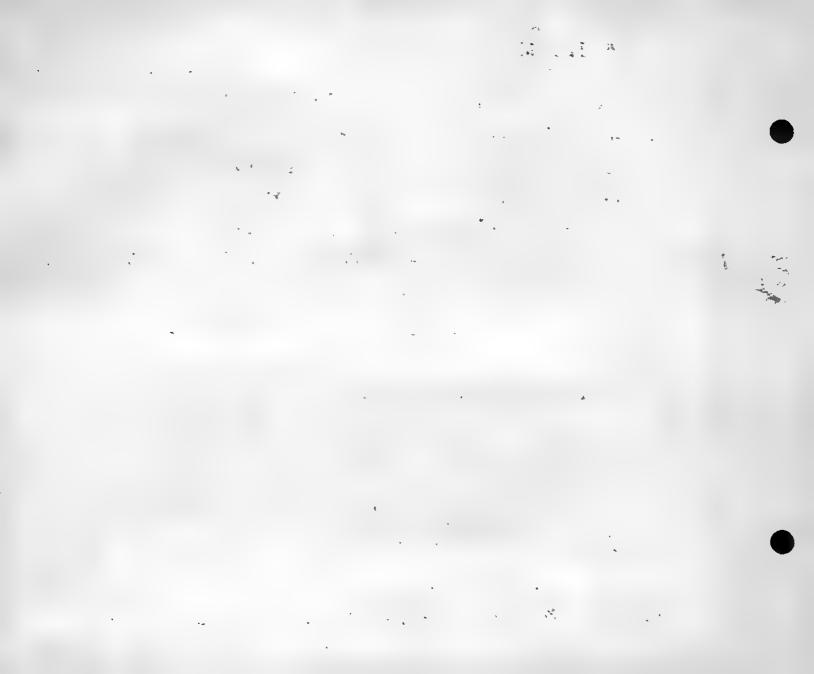




					AKATAND 219				
. /		1	1	DIVISION OF VITAL R				RE, MARYLAND 21201	
7		L.		16666	CERTIF	ICATE OF			1,782
# € -	±2=		CEASED-NAME Fir		iddle	Lost	1 20	DATE OF DEATH Month	2b. HOUR
dec	- F. S. S.	L.		ONICA		Ku.	SEK	HUGUST	30 1968 d. F. M
ja 4	][[1]	3. SE	( ,	4 RACE WHIT	1 pc	5. DATE OF B		6 AGE (in years lost birthday)	#F UNCER I YEAR IF UNCER 24 HRS. MONTHS GAYS HOURS MIN.
IS O	E OF S	Ľ	EMALE			Hue		160 11	RS.
no de de	in by	7o B		7b. CITIZEN OF WHAT COUNTE		ED NEVER MAR	KILD	UNTY OF DEATH	
24	paper paper nin 72	12.6	TULAND	11.0.17		ED DIVO		Wicomico	Md.
within	tey filled in	Зa	TY OR TOWN OF DEATH	Peninsu		al Hos	p to BI out of	UPATION (Kind of work dor working to even if retired	126 KIND OF BUSINESS OR INDUSTRY
- Pa	dimension of	13e	USUAL RESIDENCE (Where dece	osed lived if institution: Reside	nce before 13c CITY	C- 17 Y	13d. INSIDE CITY LIMITS?	13e STREET AND NUMBER	
ecut	8 2 C		1- ENN!	2 ACKAWAN	NA DIC	KSON/	YES NO	907 ALB	en/ DIREET
e e	pu keru	14. F	ATHER'S NAME First	Middle	Lost		AIDEN NAME First	Middle	Lost
aq 6	2		OSEPH		IACKI		NKNOW		
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death stained by the haspital ar attending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capaies director, page 3 shauld be detached far use as the burial-transit permit. Then please temaye car shauld be filed with the State Dept. at Health priar to burial, cremation, ar removal, and it any eyes.	160, Y	WAS DECEASED EVER IN U.S. A es no, or unknown) (If year)		KNOWN	7 INFORMANT STELL	n WE	3 STER_ CT	HANCE
Ja Cer	The The		18. CAUSE OF DEATH (Enter	only one couse per one for (a),	(b), ond (c))*		1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath	ar re		PART 1. DEATH WAS CAU	SED BY. DIATE CAUSE (6)	Lane	and.	Of (4	aroud	unlikely
Ö	atte perr an,		175 X	DUE TO, OR AS A CONSE	QUENCE OF		0	0	
<del>+</del>	the Isit p natik		Conditions, if ony, which gov rise to immediate cause (a)	(b)				WW 1887 2	
tho	by from		stoting the underlying cous		QUENCE OF				
ires	ial,		lost.	(c)					
OR ATTENDING PHYSICIAN: The law requires the	en signed by the be burial-transit p taburial, cremati	靐	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATE	D TO THE TERMINA	NE DISEASE OR CONDI	TON GIVEN IN PART 1(0)	
lay	s be as t	CERTIFICATION	190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20o AUTO	DPSY?	20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
The off	The pa	E E				YES			
CIAN:	O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	KAL CE	210 ACCIDENT WAS UNDERLY  OR CONTRIBUTING CAUSE OF 0 (If either, notify medical example)	EATH HOUR A.M. Month	Doy Yeor	: HOW INJURY OC	CURRED (Enter notu	re of injury in Port 1 or Port	2, Item 18)
IXSI)	cert ched pt. o		21d. INJURY OCCURRED 2	e. PLACE OF INJURY (AT HOME, FA		f. LOCATION Street	et or R.F.D. No.	City or Yown	County State
he he	this Jeta e De		of work of work						
NI A	tter be Stat		22a. I certify that (I) (	this haspital) attended the	e deceased from	200	19-190	, 10 8 - 00,	19 Col, that (1) (we) last
ENG	the he		saw the deceased causes stated aba				ıy) (aur) apınıan	death accurred on the	date and haur and from the
ATT	마 당 달		22b. SIGNATURE	(1)	. //	·-		2	2c DATE SIGNED
OR De r	e 3 N ps		W Leilu	Q - FEW	( ) X = 0	EGREE PHYS	NG DIRECTI	OR D STAFF	30 Ca
AL oy i			22d PHYSICIAN S		1,1	22e. ADI	DRESS		_
SPIT 4 m	d br		NAME (Type)					<u> </u>	
TO HOSPITAL OR Page 4 may be r	Shaul	230	BANAL, CREMATION, 231 KEMOVAL (Specify)	DATE 230	NAME OF CEMETERY	OR CREMATORY	EMETERY	LOCATION (City or Town)	(County) (Std 2)
- ,	=	24	FUNERAL DIRECTOR	1/2/20	ADDRES	المراز المال	250. REC D BY REC	GISTRAR 2Sb REGISTRA	ARS SIGNATURE
	VR A15 (4) 30M REV 1/68		Levoy 1	Velsler	Trine	ady 1	DATSEP	4 1968 gold	when Judge
		<del>نسا</del>				-			



1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTO 12273 CERTIFICATE	
death.		CEASED NAME First Middle to ype or print) MARY R. SATCHELI	2a. DATE OF DEATH 2b, HOUR
after deat the funeral lest and	3.	X 4 RACE S DAT	TE OF BIRTH  6. AGE (In years   IF UNDER 1 YEAR   IF JNOER 24 HRS   IS JNOER 24 HRS
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death tertoined by the hospital or attending physician.  INNICTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral e 3 should be detoched for use as the burial-transit permit. There are remave corbon papers the second with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death	co	SIRTHPLACE (Stote or foreign   7b CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEV	DIVORCED WICOMICO M
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 In Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. (helt peace remave corban pages should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 peace.	130	Salisbury Green deceased lived if institution, Residence before 12% CITY OF TOWN	Dital during most of working life eyen if settled INDUSTRY
execute nd comp emave c ony eve	odi 14	SSIGN) STATE 130 130 COUNTY CORDON STATE 130 CORDON STATE ST	YES NO LI  IER'S MAIDEN NAME First Middle Lost
icate be scription of gradin	16	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMA	INKNOWN ANT, Address VIRGINIA SATCHELLEASTON, MD.
th certif	-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE (AUSE (a) Congestive heart.	APPROX MATE INTERVAL
the ded ne otte≡ it permit ation, or		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove	failure 3 days cardiovascular disease.
es that sician. ed by # al-trans)		storing the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   lost.	
w requirence find phy sen signature find the burner to burner find the find	No.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TI 422 / Cerebral thrombosis - 1 years.  190 Date of Operation 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200	
: The lo or attenc te has b use os alth prio	CFRTIFICATION		o. AUTOPSY?  YES NO CAUSES OF DEATH?  OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
rsician ospital c certifical hed for ot. of Her	MFDICAL	OR CONTRIBUTING CAUSE OF OFATH HOUR AM Month Day Year  (If either natury medical examiner) P.M.	
ING PH' by the h ter this se detoc			
ATTEND storned   CTOR: Al Should		22a. I certify that (IX (this haspital) attended the deceased from Septe saw the deceased alive an August 12 19 00, and that causes stated above, (f) (we) (did) (AXA) view the bady after death	22- DATE SIGNED
SPITAL OR ATTENDING PHYSICIAN: The low requires the A moy be retoined by the hospital or attending physician.  IERAL INFLICTOR: After this certificate has been sigmed by or, page 3 should be detoched for use as the burial-trarlid be filed with the State Dept. of Health prior to burial, creating the state pept.		278 PHYSICIANS 22	ATTENDING MED. STAFF STA
O HOSPITAL Page 4 moy O FUNERAL I director, pag should be fill	23	BUR AL, CREMATION, 23b. DATE , 23c NAME OF CEMETERY OR CREMA	Deer's Head State Hospital, Salisbury,  TORY 23d 10(ATION (City or Town) (County) (Stote)
2 2 2 7 7 VR A15 (4) 30M REV 1/26 (4)	24	SEMONALISPECTOR FUNERAL DIRECTOR AURICE E. NEWNAMB SON, EASTON, MI	250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
M.		7	The state of the s



1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		12274 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2284
EALTH DEPT.		DECEASED NAME First // Middle Lost 2n DATE KNOWN Month	Day Yeor 2b HOJR
~ o a 🕍			-68 19 5 B
deloy and 3 t M3. Pos tment	3 5	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LINDER 14 HRS 2c DATE PRONOUNCED DEAD	2d HQUR
P. and P. and P. artme		M AA 6-5-68 yrs 2	Yeo 6,8 7 A
n. 2 Dep		B RTHPLACE (Stote) or foreign 7b (171ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7. COUNTY OF DEATH	
Pages with for state		MICOLLICO	12b KIND OF BUSINESS OR
along with form PM3 with the State Departm leath	"		INDUSTRY
	13 a	USUA, RESIDENCE (Where deceased lived, if institution, Residence before 13c CTY OR TOWN 13d INSIDE CTY L MITS? 13e STREET AND NUMBER	,,-
20 1		odm.ssion) STATE Md. 13b COUNTY Wicomico Salisbury YES NO W.F. Allen L	abor Camp
D and	14	FATHER'S NAME First Middle Jost IS. MOTNER'S MAIDEN NAME First Middle	Last
₹ 5)		ether Scurry Irene Warrel	
hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) If yes give wor or dates of service)	ı
event within 72	-	10 CALIFE OF DEATH (Set and a second of the factor) (b) and (c)	APPEDXIMATE INTERVAL BETWEEN ONSET AND DEATH
withir		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Broncho pneumonia	BETWIN ONSET AND DEATH
5 S		IMMEDIATE CAUSE (a) Broncho pneumonia  485 X DUE TO, OR AS A CONSEQUENCE OF	
buriol-transit in ony ever		Canditians, if any, which gave a rise to immediate cause (a), (b)	
ony		storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
.5	1	last (t)	
remaval, and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
500	CERTIFICATION	190 DATE OF OPERATION 196 CONDIT ON FOR WHICH OPERATION	20 ALTOPSY?
5 /	THE	WAS PERFORMED?	YES 🔼 NO
5	NI CER	216. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 216 TME OF INJURY Month, Doy Year Point 2, He HOUR A M. 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, He	m 1B)
ciemanon,	MEDICAL	CAUSE OF DEATH P.M. 19	
	_	21d INJURY OCCURRED  WHILE AT WORK  AT WORK  21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)  21f. LOCATION Street at R.F.D. Na City or Town	County State
		22a. I certify that I took charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X	, and in my opinion
buriol		death resulted frage Natural causes XI, Accident I, Suicide I, Hamicide I Undetermined manner	
2		CHIEF MEDICAL EXAMINER	
neoim prior to t		ACTUAL SIGNATURE  22b. DATES	ut = = 1.75
)		EXAMPLES EAT L. ROYS, I.D. DEPUTY MEDICAL EXAMINER AUG	. 5, 1968
2	02	NAME (Type) 4.09 Camden Ave., Salisbury, Md ADDRESS(Street, city, town, or county)	16
	230	BURIAL CREMATION 230 DATE 8 230 NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (Cyr or Town)	(Caunty) (State)
	24	FUNERAL DIRECTOR ADDRESS 25a, REC D BY REGISTRAR 25b REG SIPAR'S A	IGNATUR .
2	E	Booker West Funeral Home, Salisbury, Mome AUG 1 ? 1968	Man Jungan
1		*	



_		MARILAND STATE DEPARTMENT OF HEALTH
1/		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4		12275 CERTIFICATE OF DEATH
- 2	ے	1. DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HQUID.
death.	t d	(Type or print) GORDY P. SHORES AUGUST Day Year & GAM
P 82	Ď	
affer	£	3. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. In UNDER 1 YEAR IF UNDER 24 HRS. IN UNDER 1 YEAR IF UNDER 24 HRS. IN UNDER 24 HRS. IN UNDER 24 HRS. IN UNDER 1 YEAR IF UNDER 24 HRS. IN UNDER
S S S	`E	MA/E White 5-30-1916 lost birthday) MONINS DAYS HOURS MIN
haurs after	′B	7a. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
= 2	within 72 haurs	COUNTRY) MARYLAND USA WIDOWED DIVORCED WICOMICO Md.
rid A	Æ	10. CITY OR TOWN OF JEATH IN NAME OF HOSPITAL OR INSTITUTION (If nat in haspital   12a. USUAL OCCUPATION (Kind of work dane   12b. KIND OF BUSINESS OR
	美	Salisbury Peninsula General Hospital Agorea Molistry
- X =	=	13a. USUAL RESIDENCE (Where deceased lived, f institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER
npl npl	\$ 22	admission) STATE LAND 136 COUNTY STICOMICO SALISBUZYES NO 1515 E. WILLIAM ST.
Cec.	>	
6 7 5	9 /	Day in Sill Mills
e death certificate be executed with attending physician and cample ely permit. Then please remaye carban	<u>-</u>	ARCHIE SHORES MINNIE PARKE
ate sicio	9	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give wer ar dates at service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  17. INFORMANT  18. INFORMANT  18. INFORMANT  19. INFORMA
· · · · · · · · · · · · · · · · · · ·	5	
	Ē	18. CAUSE OF DEATH (Enter only one cause per tipe fac (a), (b), and (c).)
를 <sup></sup>	- Te	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Colvulus - mability by tell quite die
de de	o,	DUE TO, OR AS A CONSEQUENCE OF TO Show Children of the show Children of the show the
t the o	-:5	Canditions, if any, which gave)
at	E .	rise to immediate cause (a),
G PHYSICIAN: The law requires that the death certificate be executed the hospital ar attending physician. This certificate has been signed by the attending physician and campla detached for use as the burial-transit permit. Then please remaye co	Health prior ta burial, crematian, or remava	stating the underlying couse DUE TO, OR AS A GONSEOUENCE OF LICENSTANDING COUSE (A) DUE TO, OR AS A GONSEOUENCE (A) DUE TO,
ysic riol	<u>ia</u>	- ) III S WE SAME TO THE STANK
Sig Sig	3	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO CONTRIBUTION OF THE PART IN THE TERMINAL DISEASE OR CONDITION G VOLTA PART I(9)
ing F	무	3 Varien Party 1 14 Know Mich Mode feeling Cell Transmites
end s be	· 은	196. CONDITION OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IT YES, WERE FINDINGS ONSIDERED IN CERTIFYING 1.7
The att	표	190. DATE OF OFFICIATION 196. CONDITION OR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS ONSIDERED IN CERT.FYING YES NO CAUSES OF DEATH?  21g. ACCIDENT WAS UNDERLYING 1216. TIME OF INTURY 1216. HOW INTURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)
<b>∵</b> a e a c	- G	
		S   Or CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year   P.M.   19
rsi osp hed		21d INTIRRY OFFIRERD 21a PLACE OF INTIRRY (AT HOME, FARM, STREET, EACTORY) 214 FOR AT HOME STREET, EACTORY) 214 FOR AT HOME FARM, STREET, EACTORY) 215 FOR AT HOME FARM, STREET, EACTORY) 215 FOR AT HOME FARM, STREET, EACTORY) 216 FOR AT HOME FARM, STREET, EACTORY) 216 FOR AT HOME FARM, STREET, EACTORY) 217 FOR AT HOME FARM, STREET, EACTORY) 217 FOR AT HOME FARM, STREET, EACTORY) 218 FOR AT HOME FARM, STREET, EACTORY 218
G PHYSICIAN: The law rithe hospital ar attending this certificate has been defacted for use as the	State Dept.	While of Mot while at work at
2 f T b	9	
ATTENDING stained by t		can the decorred dive on SIDGILVIII and franks Intelligence death becauseful as the date and hour and from the
ned ned	‡	causes stated abave, (1) (we) (did) (did not) /view the body after deoth.
ATTE ATTEI etaine CTOR:	with the	22b SIGNATURE 22c, DAJE SIGNED
OR OR INE	\$	DEGREE PHYS DIRECTOR
Y b	F = 1	22d PHYSICIANS 22e. ADDRESS / LCC CO / V. C CO / C
RA RA	ا قا	I NAME (TYPE) ADRIF HE ARIV M. 1) 2 V6 N Julisem XV sayous
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be	shauld be filed	230, BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY BR CREMATORY 23d LOCATION (City or Town) (County) State)
T B G	sha	DEMOVAL (Specify)
5 5		13 URING 8-31-68 ROCK CRECICEMENT OF ANCE SON MO 24 FUNERAL DIRECTOR  250. REC'D BY REG'STRAR 256 REG STRAR'S SIGNATURE
VR 30M	A15 (4)	The state of the s
JUM	(43)	Lerry Websler Omilia anne DATSEP 6 1968 Jacobs Judge



MARYLAND STATE DEPARTMENT OF HEALTH

28 0881 T1 MAC

NSA

HENRY

M HOMB

CRMSEY ALBMEDA ENDUG

GERTRUPE LORG, DENTON, MD.

		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  12277 CERTIFICATE OF DEATH
€ A7		ECEASED-NAME First Middle Last 2a DATE OF DEATH 2b. HOUR
the femeral the fe	3 SI	Charles Sparfagrione Hugust 23 (8 122 Am)  EX 4. RACE S. OATE OF BIRTH 6 AGE (In years 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Peggours a	70	Male White Jan. 13, 1901 67 YRS MONTHS DATS HOUSE MAN BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
24 property 72 ha	(01)	New Jersey USA WIDOWED DIVORCED Wicomico Md
within 24	10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120 USUAL OCCUPATION (Kind of work done diversional during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)
ote be executed within 24 profs officion and completely filled in by the lease remove corban papers, Pages and in ony event, within 72 hours aft		USUAL RESIDENCE (Where deceased lived, finstitution Residence before issuan) STATE Del.   186 COUNTY   Sussex Frankford   Frankford   YES X NO   Clayton Street   186 COUNTY   Sussex Frankford   Clayton Street
ond c remo	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost  Miro A. Sparpaglione Nary T. Sparpaglione
ore by cion a ci		WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO   17. INFORMANT Address
n certific ng phys Then p	-	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) ogd (c))  18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) ogd (c))  18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) ogd (c))  18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) ogd (c))
t the deoth ce the attending in the ottending is to permit. The		DUE TO, OR AS A CONSEQUENCE OF  Conditions, If ony, which gove)
quires that physician. signed by tl burial-trans		stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF     dist
w required by the sign to bur	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
The for attent attents by the as by the as the as as the bright attents.	CERTIFICATION	190 DATE OF OPERATION SPB CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  S-9-68 Sclean Obstruction YES NO SCAUSES OF DEATH?
ictan: pitol o pitol o rtificali d for of of Hea	MEDICAL C	GROWTHIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year  [If e'ther, natify medical examiner]  P.M. 19
PHYS the hos this ce detoche	*	21d. INJURY OCCURRED While Not while at wark  21e. PLACE OF INJURY (AT HOME, FARM, SIRRET, FACTORY) OFFICE BUILDING, ETC  21f. LOCATION Street or R.F.D. No. City or Town County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires the Page 4 moy be retained by the hospitol or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept of Health prior to burial, creating the state Dept.		22a. I certify that (I) (this haspital) attended the deceased from 1969, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the bady after death
OR AT be retail		226 SIGNATURE LEGAL E. Supe DEGREE ATTENDING DIRECTOR DISTAFF DIRECTOR DIRE
SPITAL 4 moy er, pog d be fil		22d PHYSICIANS 22e. ADDRESS 22e. ADDRESS
Page O FUN direct	230	BURAL (REMATION, 230 DATE 230 NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Spect (v)) August 25, 1968 Carey's Cemetery Frankford Sussey Del
VR A15 (4) 30M REV 1/68	24	FUNERO DESCRIPTION ASSESS TO THE PROPERTY OF T

MAKTLAND STATE DEPARTMENT OF MEALIN



/ 1		MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE	- 40	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2.2
FOR STATE	1 0	1 7 2 13 III DICKE EXCHINISER O CERTIFICATE OF DEVIL	
HEALTH DEPT.		TANTO CHARLES OF ESTI- 2 3 0	-68 19 10:50
ny is 3 ta age	3 5	Street Parity	
ny delay is 2, and 3 ta - PM3. Page		II WAR, 18, 19,2 DAYS HOURS MAN Month 8 Day 10	Yeo 63 10:50
- 27	70	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED THEY MARRIED 9. COUNTY OF DEATH	
	Lubi	TITY OF TOWARD OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not up hospital OF DISTRICT OR WITH OF DEATH	Md.
after death along with the State	10. 0	THE OF TOTAL OF THE PARTY OF TH	B KIND OF BUSINESS OR DUSTRY
after de 8. Give I alang w with the death	13a	USUAL RES DENCE (Where deceased lived if institut on Residence before 13c CITY OR TOWN 13d MISDE CITY LIMITS? 13e STREET AND NUMBER	
77	٥	dmission) STATE N.d. 136 COUNTY: Jorcester Berlin YES NO NO Route 2	
fifth of the stand of the right	14. F	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
// /- °	Ŀ	ERNEST STEPHENSON (COSA WEBB,	
mners poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO 17 INFORMANT  ADDRESS  ADDRES	FRUIN MO
INER: This certificate shauld be executed with e certificate, writing the ward "pending" in pen shauld be farwarded to the Chief Medical Examfiles.  3 should be used as a burial-transit permit. File potation, or removal, and in any event within 72 the		18 CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
executed inding in Medical E		PART I. DEATH WAS CAUSED BY Lobar pneumonia	days
mdin Med Med per		/ DIFE TO/ OR IS A KONSEQUENCE OF/	
be ( per lief lief lief lief lief lief lief lief		(anditions, if any, which gave) 2nd & 3rd degree hirrns of 50% of body	1 month
ould had ward he Chine Chine China any		rise to mammediate couse (a).  stating the underlying cause   DUE 10, OR AS A CONSEQUENCE OF SURFACE	
shauld be en ward "per a the Chief? burial-transit		lost. (c)	
This certificate shauld be iicate, writing the ward "pe be farwarded to the Chief do be used as a burial-transit or remavol, and in any eve		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica indec ad. a	No	9/53	1
certil writ arwai used mova	CAT	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his ate, of the form	CERTIFICAT	210 EXTERNAL CAUSE WAS 216.7 ME OF MJURY Month Day, Year 21c HOW INJURY OCCURRED (Enter noture of noury in Port or Part 2, Item	YES 🔼 NO
INER: 1 e certific should b files. 3 should hatian, at		PRIMARY TOR CONTRIBUTING The HOLE AM TO CAS BUTTONG TOR TONK OF TONG	16)
Should should be	MEDICAL		County State
		WHILE MOOR WHILE I Today of the Dulding of Dopment Ocean Pines, near Berlin, Jo	,
	1	22a. I certify that I took charge of the remains described above, held on Autopsy XI. Inspection XI. Inquiry XI.	and in my apinion
TY SICAL E  y, please executated director. Page e retained for tal DIRECTOR: prior to burial,		death resulted from. Natural colors . Accident X, Suicide , Homicide , Undetermined manner	
please ey il director. retained to birector iar to bure		CHIEF MEDICAL EXAMINER	
H_ E . 0		ACTUAL ASSISTANT MEDICAL EXAMINER 22b, DATE SIG	
ory, nerg be ERAI		August Darl L. Royer, N.D. DEPUTY MEDICAL EXAMINER Augu	st 13, 196
o DEPUTY necessary, pl the funeral of S may be re- D FUNERAL I Health prian		NAME (Type) 409 Camden Ave., Salishury, Md address (Street, cty, town, or county)	
TO DEPU necessor the fune 5 may b TO FUNER Health	23 c	REMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Charles of Company) (Charles of Company) (Charles of Company)	ounty) (State)
	24	FUNERA D RECTOR 250 REC D BY REG STRAR 256 REGISTRAR 5 SIG	
VR ATSME (5) (		Burbare Funeral Home, Berlin, Md. DAY AUG 15 1968 Klim	Mes Judges
10M REV 1768		,	



1	6	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  1227 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1789
FOR STATE HEALTH-DEPT.	1 0	ECEASED-NAME First Middle Last 2a DATE KNOWN Month	Doy Yeor 2b HOUR
		Type or Print)  WILLIAM  STERLING  OF ESTI- DEATH MATED  8-3	1-68, 9:30P
s of ege (	3 5	FX 4 RACE S DATE OF BIRTH 6 AGE IN YOUTS IF JUNDER 1 YEAR IF JUNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
# E & E		M AA DEC 7 904 63 YRS MONTHS DAYS HOURS MIN. Month 8 Doy 31	Y006,8 9:30 M
2,2 P	70	B.RIHPLACE (Store or foreign 17b (TU7FN OF WHAT COUNTRY) R MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
death any suith farm Ph.	cour	OTRY) SOME SET U.S. WIDOWED DIVORCED WICOMICO	Md
Stat	10.	de sous de la company de la co	12b KIND OF BUSINESS OR INDUSTRY
Give Pages Give Pages and with fa th the State	L	Salisbury Fentilisula General LADOVER	in control
hours after death fem TB. Give Pagi office Jong with and with the Sta office death.	130	USUAL RES DENCE (Where deceased I ved, if institution Residence before 13c (ITY OR TOWN III) INSIDE CITY LIMITS? 13e STREET AND NUMBER Idmission) STATE IId. 136 COUNTY Somerset Francisco No Rock	
Hours Infine	14	FATHER'S NAME First / Middle Lest Is MOTHER'S MAIDEN NAME First / Middle	Lost
		Treed Sterling HICE HAIL	
INER: This certificate shauld be executed within 24 e certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's files.  3 shauld be used as a burial-transit permit File pages lation, ar remayal, and in any event within 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes give war or doles of service)  16b. SOCIAL SECURITY NO. 17 INFORMANT.  ADDRESS  ADDRESS  ADDRESS  MA  ADDRESS  MA  ADDRESS  MA  ADDRESS  ADDRES	arion Md
be executed wrf "pending" in per hief Medical Exan ansit permit File i event within 72	F	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
shauld be executed ne ward "pending" in the Chief Medical I burial-transit permit in any event within		PART I. DEATH WAS CAUSED BY Ruptured liver	2 hours
exe andii Me t pe		DUE TO OD AS A CONSCIUENCE OF	
be "pr "pr hief ansi		Conditions, if any, which gave is rise to immediate cause (a), (b)	
auld word he Ch		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho he w ta th ta th buri		last (c)	
its certificate shauld be execute te, writing the ward "pending" farwarded ta the Chief Medical be used as a burial-transit permit remayal, and in any event with		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
warti warti warti warti warti	NO IN	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTDPSY?
DEPUTY DICAL EXAMINER: This certificate, write the funeral director. Page 4 shauld be farwan may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld be used earlth prior to burial, cremation, ar remaya	CERTIFICAT ON	WAS PERFORMED?	YES 🔀 NO 🗌
AL EXAMINER: This execute the certificate, rr. Page 4 shauld be fa far your files.  IOR: Page 3 shauld be u urial, crematian, ar ren		PRIMARY OR CONTRIBUTING 7:45 PM 8-31 19 68 Uas riding bicycle and was cause of Death	struck from
NER: cert shauld files. shau atian,	MEDICAL		
KAMINER: te the certil je 4 shauld your files. 'age 3 shaul crematian,	2	216 Milury OCCURRED 210 PLACE OF NIURY (At home, farm, street, while not while factory office building, etc) 21f LOCATION Street at R FD Na City or Town Route 667, near Marion, Sc	County State
bical Examiner: se execute the certicator. Page 4 shauld ned far your files. iECTOR: Page 3 shaul burial, crematian,		AT WORK LET AT WORK EST	
DICAL E ase execu- rector. Po nined for RECTOR: It		22a 1 certify that I taak charge of the remains described abave, held an Autapsy (X), Inspection (X), Inquiry (A)  death resulted from Natural causes (), Accident (X) Suicide (), Hamicide (), Undetermined manner	and in my apinian
DIC asse ecto inec inec o b			
Ty please ry, please and direct se retaine RAL DIRECT prior to be		ACTUAL  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   22b. DATE:	SIGNED
ony, ony, be be pr		Earl L. Rover . M. D. DEPLTY MEDICAL EXAMINER A Sept	t. 3, 1968
necessary, please extremely, please extremely director. S may be retained to FUNERAL DIRECTOR.		NAME (Type) 1109 Camdon Ave., Salisbury, Madadoress(Street, cty, town, or county)	
10 ± ± 5 = 10	23	BURIAL CREMATION, 236 DATE 236 NAME OF CEMETERS OF CREMATORY 23d LOCATION (City or Town)	(County) (State)
	- 01	BURMA 7/3/68 1750014 -713/11=19	IIId:
VR A15ME (5)	24		
10M REV. 1768		Anthony Ward, Crisfield, Nd. DAISEP 5 1968 Clian	20 Junger



1		of Carrier 1	DIVISION OF V	TAL RECORDS,	301 W. P		ET, BALTIMO		LAND 21201	1 1000	()
	-	- 12	230		CERTIFIC	ATE OF D			- 4 71)		
		FCEASED-NAME First Type or print) SAD	TE:	Middle		Lost PARR	2	Augu		Day 1968 or	2b. HOUR 5:35Pm
	3 5		4 RACE			S. DATE OF BIRTH	1	16	AGE (In years	(F UNDER 1 YEAR	OF JNDER 24 NRS.
		emale .		hite		Augus.				RS. MONTHS DAYS	HOURS MIN
		ntry) As # #	76. CITIZEN OF WHAT		B. MARRIED   WIDOWED	NEVER MARRIE	1	OUNTY OF DI	EATH OMICO		
	10.	(ITY OR TOWN OF DEATH	11. NAM	DE HOSPITAL OR INS			<u> </u>		ind af werk da	ne 12b, KIND OF	Md.
		Salisbury	give stre	et poddress) B Head	State	Hospital	during mast of	of working life	epeven if retire	d.) INDUSTRY	
194		LSUAL RESIDENCE (Where decease ussian) SIATE Mary Land	d lived f institution		13c, CITY OR Graso		INSIDE CITY LIM TS7		T AND NUMBER	xx	
	14	FATHER'S NAME William	Middle	Tar	2 15	. MOTHER'S MAID	EN NAME First	Inknow	Middle 2.		Last
		. WAS DECEASED EVER IN U.S. ARME fes, na, ar unknawn) (if yes good was	D FORCES?	b. SOCIAL SECURITY I	NO. 17.	NFORMANT arvest Ri	uth-Gi	rasonv.	ille, II	anyland	
		18. CAUSE OF DEATH (Enter only		for (a), (b), and (c)	)					APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIAT	BY: TE CAUSE (a) <u>Carc</u>	inoma of	right	breast	with e	xtensi	ve-meta	sta-Yea	rs.
	ı	Canditians, if any, which gave)	DUE TO, OR AS A	CONSEQUENCE OF					si	s	
		rise ta immediate cause (a),	(b)	A CONSEQUENCE OF							
		stating the underlying cause	(c)								
		PART 2 OTHER SIGNIFICANT COND	OITIONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED TO	THE TERMINAL D	ISEASE OR COND	DITION GIVEN I	N PART 1(a)		
	NOT	Arteriosclero	tic heart			betes me		Table 16 At	S WEDE EINDING	GS CONSIDERED IN C	PTIEVING
2	CERTIFICATION	17d. DATE OF OPERATION 17d. C	ONDITION FOR WITH	OLEKATION MYZ LE	KTOKALD	YES T	но 🌃	CAUSES O		OJ CONJIDENCE IN C	KIII IIIIO
	3	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M.	UURY Manth Day Year		OW INJURY OCCUR	RED (Enter no	ture of injury	in Part 1 or Part	1 2, Item 18.)	
	MEDI		PLACE OF INJURY (AT	HOME, FARM, STREET, FAC FICE BUILDING, ETC.		CATION Street o	ır R.F.D. Na.	City ar	Town	County	State
	L	22a. I certify that (1) (this saw the deceased ali	haspital) atten	led the decease	ed from 8	pril 1			gust 8		(t) (we) last
	П	saw the deceased ali causes stated abave,	ve an Augus	CXXIXview the	body after	d that in ( <u>myr</u> death.	(avr) apinia	n death acc	curred an the	date and hour	and fram the
		22b. SIGNATURE	0	7-+	, \	ATTENDING	MED.			22c. DATE SIGNED	
	L	Leon	roco	2	DEBER	PHYS 22e. ADDRES	□ DIREC	TOR L	PHYS.	8/9/68	
Married Woman		22d. PHYSICIAN'S NAME (Type) C. H.	Winnacot	t, M. b.				State H	[ospital	, Salisb	ıry, Md
	230	BUR AL, (REMATION, 23th D. PENOLYPUS SECTION)		230 NAME OF hes	CEMETERY OR terfie	CREMATORY	23		(City or Town) reville	(Caunty) Maryl	and.
1	24	FUNERAL DIRECTOR	C	ADDRESS	ab 11:1	A 1. 1	o. REC'D BY R	EGISTRAR 3 196	2Sb. RSGEE	AR S SIDNATUTION	yes .
1	-	cargon crio	rane	(huru	16 /11	I'lle D	PATE AUG 3	2 100	7 /	U	



_	1	MARTLAND STATE DEPARTMENT OF HEALTH	
2_	١.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	91
Control of the Contro	-	12281 CERTIFICATE OF DEATH	3 1
/2 N.E.	1. [	DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
r deoth		(Type or print) GROISE M Taylor August Month Day	Yeor 145 M
	3 5		IDER I YEAR IF UNDER 14 HRS
t at		Male White Sept. 5. 1908 last birthday) YRS. MONTE	
urs very urs	70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
न द्वार		Virginia U.S.A. WIDOWED DIVORCED Wicomico	Md.
in 24 illed i poper hin 72	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospital 120 USUAL OCCUPATION (Kind of work done 12)	N KIND OF RUSINESS OF
equires that the death certificate be executed within 24 haurs after deaphysician. Signed by the attenting physician and completely filled in 50y the funeroburial-transit permit. Then please remove carbon papers.	S	alisbury-Peninsula Greeneral Hospital derung most of working life aven if retired) Mechanic	Auto
1 w efel orbo	130	at USUAL RESIDENCE (Where deceased aved if institution Residence before 113c CITY OR TOWN 136 INSIDERITY JMITS? 13e STREET AND NUMBER	naco
utec	adn	mission) STATE aryland 136 COUNTY Worcester Pocomoke YES NOT R.F.D. 3	
d co		. FATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First Middle	Lost
ond orem		Lee Taylor Rebecca	Tyler
récite b sicion please li, ond i	160	d WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO 117 INFORMANT Address	
		Yes, nor of unknown) (III yes give war at cores of service) 165-18-6619 Mrs Eula Taylor, Pocomoke C.	ity. Md.
e death certing attention on, or remova	F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROX MATE INTERVAL
		PART I, DEATH WAS CAUSED BY:	OETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a)	
at at per		Conditions, if any, which gove)	14.0
the the mail		resa to immediate course (a)	asom
an. Start		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	Lange
equires that th physician. signed by the burial-transit t		lost (1) Emplepenn & Overelettes	Bano,
phy sign		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE OR CONDITION GIVEN IN PART 1(0)	
ing ing sen the to	I z	5 ) (	
ol lovend si be as trioir	Ĭ	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSID	ERED IN CERTIFYING
The off	CERTIFICATION	85/68 Trackersterry YES NO ( CAUSES OF DEATH) yes.	
ate of lead			8.)
CIA Figure 1	MEDICAL	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, notify medical examiner) P.M. 19	
<b>DING PHYSICIAN:</b> The low reby the hospital or attending lefter this certificate hos been be detached for use as the State Dept. of Health prior to	₩		unty State
Fig. 75 P.		While Nat while of wark of wark	
NG V til e d e d		220. I certify that (1) (this haspital) attended the deceased from 3-3. 1967, to 8-9 1968	, that (I) (we) lost
A P P P P P P P P P P P P P P P P P P P		saw the deceased glive on $3-7$ 1960, and that in (my) (our) appinion death occurred on the date of	nd hour and from the
R ATTENE r retoined recTOR: A 3 should	1	causes stated abave, (1) ( <del>we</del> ) (did) (d <del>id not</del> ) view the body ofter deoth.	
A starting		22b. SIGNATURE 22c. DATE:	
DE 3		South C. V. Land 1812. DEGREE PHYS DIRECTOR I PHYS I 8-10	0-68
IAL AL Page e fill		NAME (Type) Joseph C. Fitzgerald, M.D. Salisibury, Maryland	
SPI 4 m			
Poge 4 may be retained by the hospital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending pridictor, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remove	236		ounty) (State)
5 5 5 E	L	BUFFET   8-12-1968   First Baptist   Pocomoke - Wor	
VR A15 (//), (	74	ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGN. Recult AUG I 4 1968 KCLON	ATURE
30M REV OR		Exelution Pocomoke City, Md. DATE AUG 14 1968 your	cas judge
97	-	noot o hi naosoh	0

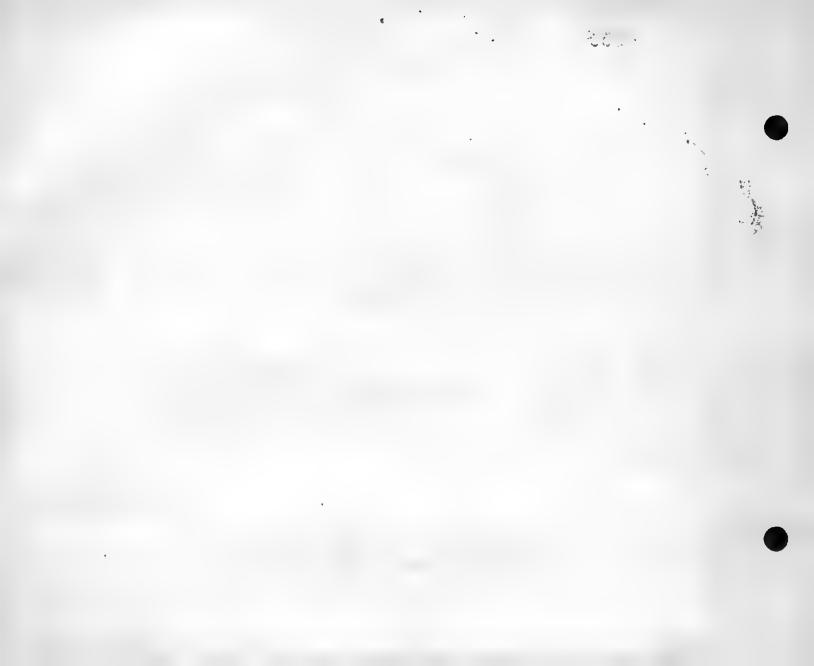


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAILHOORE, MARYLAND 21201  12282  CERTIFICATE OF DEATH  12882  CERTIFICATE OF DEATH  ALGUSTATE DATE OF DEATH  ALGUSTATE D		- 1	. MARTLAND STATE DEPARTMENT OF HEALTH
DECRESS HAME  First    Additional   First	N. Harris Marie Co.		
DECESSED MANE   First   Firs		_ [	12282 CERTIFICATE OF DEATH
The continue of the continue	Seath.	Ī	DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
The continue of the continue	for of	3	SEX 4 RACE DATE OF BIRTH 6 AGE (In yours 16 JUNDER YEAR 18 JUNDER 24 HRS.
The continue of the continue	the the oge	L	FEMALE White AUG-11, 1895 OST DITTODYY YRS. MONTHS DAYS HOURS MAN.
The continue of the continue	by P		ountry)
Independent of the conditions of the condition	24 h	- 1/	SERLIN MD VIS.A. WIDOWED DIVORCED Wicomico Md
Independent of the conditions of the condition	Fill fill	- 0	during mast of warking life, even if refused   INDUSTRY
Independent of the conditions of the condition	with tely rbor		
Independent of the conditions of the condition	nple veni	c	design of the country and the country are the
Independent of the conditions of the condition	xect Col	∧ <b>E</b>	A TORCESTER DE REIN
The continue of the continue	and and in a		
THE COLOR OF THE PROPERTION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  YES N	2 S 2	H	
THE COLOR OF THE PROPERTION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  YES N	hys lifting		Yes, no, prinknown) (Move wer or dates at service) 820-00-0375 MR. WM. K, THOMPSON BERLINMD
THE COLOR OF THE PROPERTION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  YES N	Gery The P	ľ	118 CAUSE OF DEATH (LITTER ONLY ONE COUSE PER TIME FOR (D), OND (E))
THE COLOR OF THE PROPERTION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  YES N	adth indiin		PART I. DEATH WAS CAUSED BY
THE COLOR OF DETAILS AND A CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NO CAUSES OF DEATH?  YES NO CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSE OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSE OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CAUSES OF DEATH.  190 DATE OF OPERATION 196 CAUSES OF DEATH.  190 DATE OF OPERATION 196 C	atte		2600
THE COLOR OF DETAILS AND A CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NO CAUSES OF DEATH?  YES NO CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSE OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSE OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CAUSES OF DEATH.  190 DATE OF OPERATION 196 CAUSES OF DEATH.  190 DATE OF OPERATION 196 C	t the		
THE COLOR OF DETAILS AND A CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NO CAUSES OF DEATH?  YES NO CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSE OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSE OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CAUSES OF DEATH.  190 DATE OF OPERATION 196 CAUSES OF DEATH.  190 DATE OF OPERATION 196 C	tha by train crem		stoting the underlying course DUE TO, OR AS A CONSEQUENCE OF
THE COLOR OF DETAILS AND A CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NO CAUSES OF DEATH?  YES NO CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSE OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSE OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  190 DATE OF OPERATION 196 CAUSES OF DEATH.  190 DATE OF OPERATION 196 CAUSES OF DEATH.  190 DATE OF OPERATION 196 C	ysiai ysiai ial,		(c) (Cast Cost)
226 ADDRESS  226 ADDRESS  226 ADDRESS  227 PHYSICIAN'S NAME (Type)  228 ADDRESS  228 ADDRESS  228 ADDRESS  230 BUR AL, CREMATION, 23b DATE 230 BUR AL, CREMATION, 25b DATE 250 BUR AL, CREMATI			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4)
226 ADDRESS  226 ADDRESS  226 ADDRESS  226 ADDRESS  227 PHYSICIAN'S NAME (Type)  228 ADDRESS  228 ADDRESS  230 BUR AL, CREMATION, 23b DATE 230 BUR AL, CREMATION, 25b DATE 250 BUR AL, CREMATI	ding ding seen the		100 DATE OF ORDATION 100 COMPITION FOR WHICH OPERATION WAS DEPENDMEN. 1000 AUTORYS. 1000 IF YES WERE SIMPLINES CONSIDERED IN CERTIFIANCE.
226 ADDRESS  226 ADDRESS  226 ADDRESS  226 ADDRESS  227 PHYSICIAN'S NAME (Type)  228 ADDRESS  228 ADDRESS  230 BUR AL, CREMATION, 23b DATE 230 BUR AL, CREMATION, 25b DATE 250 BUR AL, CREMATI	The katten atten has t	2	YES NO NO CAUSES OF DEATH?
226 ADDRESS  226 ADDRESS  226 ADDRESS  226 ADDRESS  227 PHYSICIAN'S NAME (Type)  228 ADDRESS  228 ADDRESS  230 BUR AL, CREMATION, 23b DATE 230 BUR AL, CREMATION, 25b DATE 250 BUR AL, CREMATI	or or ate		
226 ADDRESS  226 ADDRESS  226 ADDRESS  226 ADDRESS  227 PHYSICIAN'S NAME (Type)  228 ADDRESS  228 ADDRESS  230 BUR AL, CREMATION, 23b DATE 230 BUR AL, CREMATION, 25b DATE 250 BUR AL, CREMATI	Pital Dital Dital Diffic of Ex		G   DOR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Day Year     P.M.   19
226 ADDRESS  226 ADDRESS  226 ADDRESS  226 ADDRESS  227 PHYSICIAN'S NAME (Type)  228 ADDRESS  228 ADDRESS  230 BUR AL, CREMATION, 23b DATE 230 BUR AL, CREMATION, 25b DATE 250 BUR AL, CREMATI	HYS hosp s cel sche		21d IN. JRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 1 City or Town County State
226 ADDRESS  226 ADDRESS  226 ADDRESS  227 PHYSICIAN'S NAME (Type)  228 ADDRESS  228 ADDRESS  228 ADDRESS  230 BUR AL, CREMATION, 23b DATE 230 BUR AL, CREMATION, 25b DATE 250 BUR AL, CREMATI	the Detre the De		di wdik di wdik
226 ADDRESS  226 ADDRESS  226 ADDRESS  226 ADDRESS  227 PHYSICIAN'S NAME (Type)  228 ADDRESS  228 ADDRESS  230 BUR AL, CREMATION, 23b DATE 230 BUR AL, CREMATION, 25b DATE 250 BUR AL, CREMATI	be Sta		22a. 1 certify that (1) (this hospital) attended the deceased from 8.7, 19.8, 10. 2.7, 19.3, 19.3, that (1) (we) last
226 ADDRESS  226 ADDRESS  226 ADDRESS  227 PHYSICIAN'S NAME (Type)  228 ADDRESS  228 ADDRESS  228 ADDRESS  230 BUR AL, CREMATION, 23b DATE 230 BUR AL, CREMATION, 25b DATE 250 BUR AL, CREMATI	med med the the		causes stated abave, (i) (we) (did) (did not) view the body after death
226 ADDRESS  226 ADDRESS  226 ADDRESS  226 ADDRESS  227 PHYSICIAN'S NAME (Type)  228 ADDRESS  228 ADDRESS  230 BUR AL, CREMATION, 23b DATE 230 BUR AL, CREMATION, 25b DATE 250 BUR AL, CREMATI	AT DE STATE OF STATE		ATTENDING . MED CTAFF
226 ADDRESS  226 ADDRESS  226 ADDRESS  227 PHYSICIAN'S  NAME (Type)  230 BUR AL, CREMATION, REMOVAL (Specify)  231 BUR AL, CREMATION, REMOVAL (Specify)  232 PUR AL, CREMATION, REMOVAL (Specify)  233 BUR AL, CREMATION, REMOVAL (Specify)  234 DATE  235 BUR AL, CREMATION, REMOVAL (Specify)  236 ADDRESS  237 NAME OF CEMETERY OF CREMATORY  238 DATE  239 DATE  230 BUR AL, CREMATION, REMOVAL (Specify)  230 BUR AL, CREMATION, REMOVAL (Specify)  230 BUR AL, CREMATION, REMOVAL (Specify)  231 DATE  232 BUR AL, CREMATION, REMOVAL (Specify)  233 BUR AL, CREMATION, REMOVAL (Specify)  234 DATE  235 BUR AL, CREMATION, REMOVAL (Specify)  236 DATE  237 DATE  238 DATE  238 DATE  239 DATE  230 DATE  230 DATE  230 DATE  230 DATE  230 DATE  231 DATE  231 DATE  232 DATE  233 DATE  234 DATE  235 DATE  236 DATE  237 DATE  237 DATE  238 DATE  238 DATE  239 DATE  230 DATE  230 DATE  230 DATE  230 DATE  230 DATE  230 DATE  231 DATE  231 DATE  232 DATE  233 DATE  234 DATE  235 DATE  236 DATE  237 DATE  237 DATE  238 DATE  238 DATE  238 DATE  238 DATE  239 DATE  230 DATE  231 DATE  232 DATE  233 DATE  234 DATE  235 DATE  236 DATE  237 DATE  237 DATE  238 DATE  238 DATE  238 DATE  238 DATE  239 DATE  230 DAT	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		DEGREE PHYS DIRECTOR DIPHYS DIPHYS DIRECTOR DIPHYS DIRECTOR DIPHYS
230 BUR AL CREMATION, 23b DATE 23c, NAME OF CEMETERY OR TREMATORY 23d LOCATION (Fity or Town) (County) (Stote)	TAL May AL Poc	71	
230 BUR AL, CREMATION, 23D DATE 23C, NAME OF CREMETRY OF CREMETERY OF	NER Har,		
E-E DURIAL TO IT IS I CHOK CREEK THE STORY	Oge Orice direct		ARMOVAL (Specify) S 17/5 C (Stote)
ADDRESS 1 2So. REG. STRAR 1 2Sb. REG. STRAR S SIGNATURE	_	0	4. FUNERAL DIRECTOR A ADDRESS A 250, REC'D BY REGISTRAR 256, REGISTRAR SIGNATURE
30M REV 18 Amen A. Burbage Dulin M. DATEAUG 16 1968 Acharles Judge	90M REV 1/8	H	

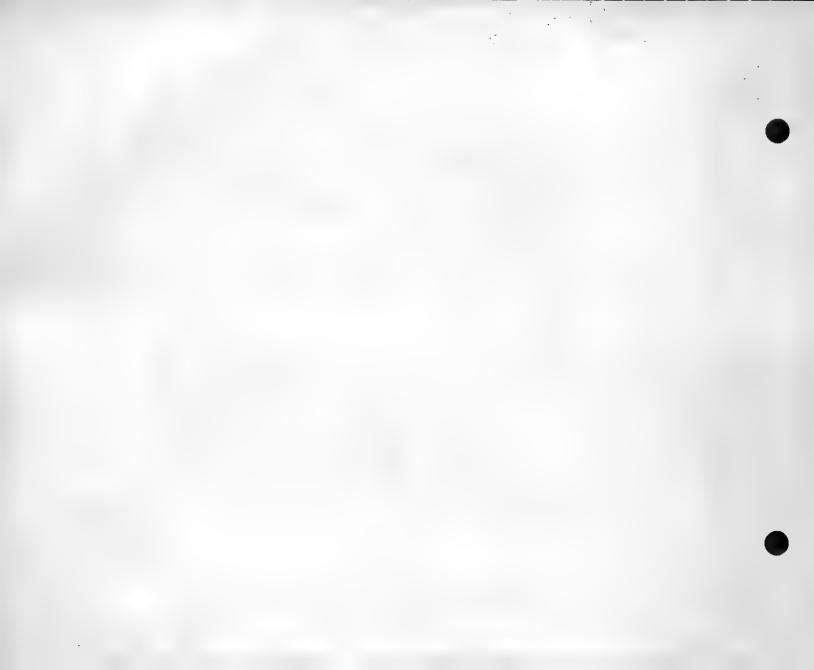


	- 1							AL OF HEAL				
, , 1	П			DIVISION	OF VITAL RECORDS				E, MARYLAND 21	201 .	100	1
The state of the s	-1		1	12283		CERTIFICA	TE OF D	EATH		7	108	3
- 27	- h	DE	EASED NAME Fir	st ·	Middle		Lost		DATE OF DEATH			2b. HOUR
and and eoth		(Ty	pe ar print) HO	WARD	OSCAR	Tim	mons		Month	Doy	Yeor C	105-M
Z 100 0	-  -	3 SEX		4. RACE		////	DATE OF BIRTH		6 AGE (In ye	O O I I I I I I I I I I I I I I I I I I	968 H	INDER 24 HRS
a Value	ı,		/	1.11	T				last birthda	y) MONTHS		IURS MIN
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	1	W		Wh/	78	I s	lanuary			YRS.		
d to		/o Bi count	RTHPLACE (State or foreign	1	OF WHAT COUNTRY?		NEVER MARRIE	U.J.	INTY OF DEATH	*		
n 24 h	L		Maryland	USA		MIDOMED [	4			omico		Md.
vithin 24 houry difer seath ly filled in by the Fondral ion papers. Poges ond S within 72 hours after death	- 1		Y OR TOWN OF DEATH	D	11 NAME OF HOSPITAL OR II	ISTITUTION (If not	in haspital		JPATION (Kind of work		KIND OF BUS USTRY	INESS OR
with with with with			Salisbury		ensults: Ger		lospit	Truc	Karking lyte, even if re	anieu /	OJIK!	
B = B = 1			ISUAL RESIDENCE (Where dece	ased lived, if in	stitution: Residence before	13c CITY OR T		INSIDE CITY LIM TS?	13e STREET AND NUN	1BER		
on compensation	-	عنده و و 	sion) STATE Marylan	d 13b. COUN	Wicomico	Pittsv	ille Y	ES NO	R.D.1			
× 32/2	/ [7	14 F/	THER'S NAME First	Midd	dle Lost	[15	MOTHER'S MA.D	EN NAME First	М	iddle		ast
ote be exe ician and c leose rend and in any			Oscar	Mario	on Timmo	ns		Maggie			Davi	S
ote be ician ( leose and ii	ŀ	16a	WAS DECEASED EVER IN U.S. A		16b SOCIAL SECURITY		ORMANT (V	vife)	Ad	dress R.D.		
ertificate b physician en pleose iavol, and i	- 1	Ye	s, no, or unknown) (If yes go	n wor or dates of service	214-28-29	0.1			mons, Pit			. 1 and
phy avo	ŀ						3. Dele	- /	BIOIIS FIL	LSVIIIE	APPROXIMATE	MICRYAL
ne deoth cer ottending p permit, The	-1	ı	IB. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	only one couse p	per line for (a), (b), and (a	1) /	()	1/1			BETWEEN ONSET	HTA30 ONA
ne deotl ottendi permit. ion, ar r	-1	ı		DIATE CAUSE (a) .	Joke of K	dean	dx	14201	Morri	all 8		
offe on,	- 1		1310	DUE TO,	OR AS A CONSEQUENCE OF	7			1 14	1-11		
t the the sit p			Canditions, if any, which gav	0) 16.3	Buller	XXII A	in	MICE	ulia de	1/		
y th			rise to immediate couse (o		OR AS A CONSEQUENCE OF			01100	The Contract of the Contract o	4		
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within be retained by the hospital ar ottending physician.  DIRECTOR: After this certificate has been signed by the attending physician and campetally filling a 3 should be detached for use as the burial-transit permit. Then please remove carbon point with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within			stating the underlying caus	e (10)	OK AS A COJISEQUENCE OF							
uire hysi gne arria	-1	1	PART 2. OTHER SIGNIFICANT (	ONDITIONS CONT	PIRITING TO DEATH RUT	NOT DELATED TO	THE TERMINAL D	SEASE OF CONDITO	ON GIVEN IN PART 160			
red S bill	-1	_1	A CONTRACTION OF THE CONTRACT	Onomonous com	INIDOTINO TO BENIT OUT	IOI KEGALED IO	IIIK TERMINAL D	ISEASE OKCORDITE	OH OFFER IN TAKE ING			
ding the	- 1	ŏ.	/ )	L coupilion to	B HELLOW COORD TO CHILD OF	en contra	00 1117000		Tank is use them so	IDITION CONCIDE	SCD IN CERTIF	THILL
e lo tendes ss b os prio	χÌ	2	190. DATE OF OPERATION 19	b, CONDITION FO	R WHICH OPERATION WAS P	EKFUKMED	20a AUTOPS		20b. IF YES, WERE FIT CAUSES OF DEATH?	IDINGS CONSIDE	KED IN CEKTI	TTING
# to d 85 #		CERTIFICATION					YES 🗀	NO 🗌				
I ar			21a ACC DENT WAS UNDERL' □ DR CONTRIBUTING □ CAUSEDFO		ME OF INJURY A.M. Month Doy Yeo		/ INJURY OCCUR	RED (Enter natur	e af injury in Part 1 ar	Part 2, Item 18	1.)	
音音音	П	MEDICAL	If either, natify medical exa-	miner)	P.M.	19						
ry SI	-1	A.	21d NURY OCCURRED 2	e PLACE OF INJU	URY ( AT HOME FARM, STREET F. OFFICE BURLDING, ETC	ACTORY, 1 21f. LOC	ATION Street o	ır R.F.D. No	City or Town	Cour	ıly	State
ATTENDING PHYSICIAN: The law re retained by the hospital ar ottending LECTOR: After this certificate has been 3 should be detached far use as the with the State Dept. af Health priar to	- [		While Not while at work		OFFICE BORDING, ETC	,						
S ≠ T b et	-1		22a. I certify that (!) (	this hospital)	attended the deren-	ed from 87	27	. 19	ta 1/2	8. 19	, that (I)	(we) lost
A the second	-1	_	saw the deceased	alive an	X/4/168_	19 and	that in (my)	(our) opinion	death occurred on	the date an	d haur and	from the
F S S S S S S S S S S S S S S S S S S S	- [		causes stated abo	ve, (I) (we) (	did) (d d nat) view the	body ofter de	ath	Ca	un A	Liet	- ~ (	111
P S C S E	-1		22b. SIGNATURE	-		01.1	1 TERRITOR INC.	1150	CTAPI	22c. DATE SI	GNED	
or red v	- 1		Cleri		11 . M.	DEGRE	PHYS	MED. DIRECTO	R PHYS.	August	28.19	168
1 × 0 8 %		_	22d. PHYSICIAN'S		11 -000		22e. ADDRES		-	ragase		
RA Be			NAME (Type)	Carrie	Hearn		226 N	J. Divisi	ion St., S	alisbur	v. Mar	vland
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	-	22.0		DATE		CEMETERY OR C			LOCATION (City or Tov			State)
Z B Z ije S		434	DEMOVAL (Chariful						` '	. ,		,
5,52,00	)  -	04 5	Burial IA	ugust 3	U. 1968 Jones ADDRES	Family	Lemete	So. REC'D BY REGI	STRAR 256 REG	icomico		and
VR A15 (A)		24	UNERAL DIRECTOR		ADDK53	3	23	ALIC Q	0 1968	Clark	Judy	pto '
30M REV, 1/68			HOLLOWAY & C	OMPANY.	SALISBURY.	MARYLAN	D 10	ATE AUG 3	0 1000		0	





		MAKYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  12285  CERTIFICATE OF DEATH
/		12285 CERTIFICATE OF DEATH
de apple		OFCEASED-NAME First Adie Middle WALKEY AUGUST 20 DATE OF DEATH DOY YEAR 12 HOUR AUGUST 26 HOUR
oges 1	3 \$	
in by ers. Paur 2 haur		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH WIDOWED DIVORCED   Wicomico Md
e excuted within 24 his and completely filled in remave carban papers.	10	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120 USUAL OCCUPATION (Kind of work done Salisbury  Pengus steet optiess) General Hospital bring most of working life, even if retired.)  INDUSTRY
implete mplete we carb event, v	13a. odn	USUAL RESIDENCE (Where deceased layed, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UNITS? 13e STREET AND NUMBER 11551911 ATTACK / AND JUNEY ON CO SALISBURY YES NO SKADENA AVE
or o	14.	FATHER'S NAME First Middle Lost I'S MOTHER'S MAIDEN NAME First Middle Lost  L-RNP. ST NPUK: PK  Specific Bapklou
ertificate be physician a nen please taval, and in		O. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service)  166. SOCIAL SECURITY NO 17 INFORMANT 218-24-5188 DOROTHY KELLAN 335 Medices of service)
it the death c the attending isit permit. If matian, or rem		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART . DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  Stoling the underlying couse (c).  (c)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRICTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior ta burial, crements.	ICAT ON	
IN: The lar att act to a the har act har use leadth g	1 CERTIFICAT	
YSICIA naspita certific ched fo	MEDICAL	OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Year
the I this deta		of work of work
TENDING TENDING TE. After Sould be d		220. I certify that (I) (this hospital) attended the deceased from 20, 19(0), to 20, 1950, that (I) (we) last saw the deceased alive on 20, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the body after death.
OR AT be reta DIMICTO if 3 shu		226 SIGNATURE COLOR DEGREE ATTENDING DIRECTOR DIRECTOR STAFF 18-26-68
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shaufd shauld be filed with the		22d PHYS CIAN S NAME (Type) 22e. ADDRESS
TO HO Page TO FUA direct shaul		BURIAL (REMATON, 236 DATE 236 NAME OF CEMETERY OR (REMATORY SALISBURY WICO HIG.
30M REV (18)	24	FUNERA DIRECTOR JOILEY JEKSEY ADDRESS RT 4 2 DATE SEP 5 1968 SCharles Judge



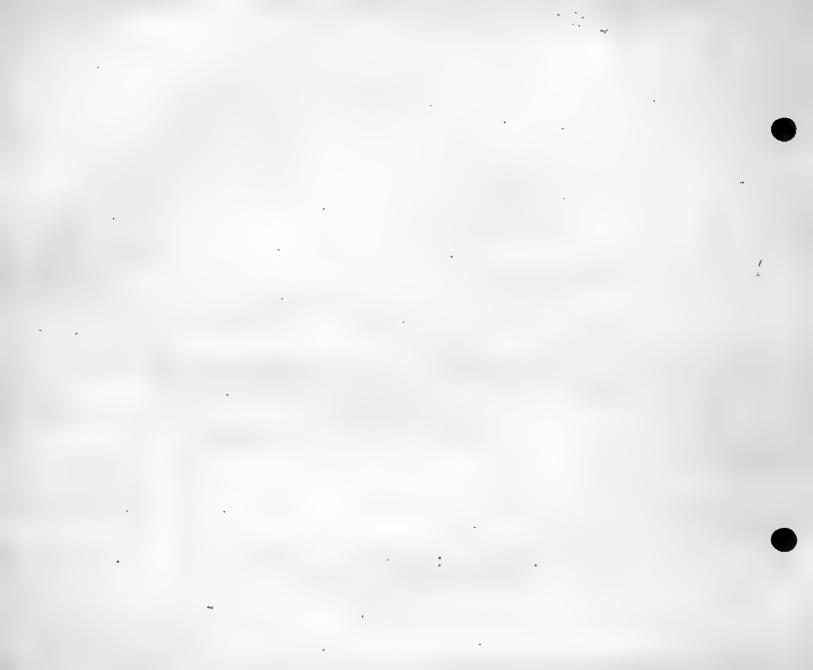
	1			ND STATE DEPARTMENT OF I		
1		-		, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	4 30
		The same of the sa	12286	CERTIFICATE OF DEATH		1 1296
4		ECEASED NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
# # # # # # # # # # # # # # # # # # #	(	Ype or print) Aus	Tin Fdus.	WARREN	AUGUST Do	1868 2,100 M
	3. SI		4 RACE	S DATE OF BIRTH	A &GF (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
to the state		Male	11/6:4-	Jan 18 18	last birthday)	MONTHS DAYS HOURS MIN
haurs a n by th 's Pagi hours c	70.	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	B. MARRIED THEVER MARRIED	9. COUNTY OF DEATH	
a E Sign	cou	rtry)	11 5 1	WIDOWED DIVORCED	Wico	mico
1 24 Illed appears	10.0	TITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OF 1		AL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
ted within 24 haurs after bletely filled in by the terms of the terms	10.	leliehum - 1	Peninsula dene	nel Hoenitel degram	ost of working life, even if retired.)	INDUSTRY
			sed tived, if institution Residence before	LAT HOSPI GAT 1/1/9/	od M. H. Oserator	humber_
executed v	adm	ssion) STATE	13b COUNTY	VICETA VI	13e. STREET AND NUMBER	- /
	_		Worrester	SNOW 1111	1 1339	STREET
criate be executed and in any	14	FATHER'S NAME FIRST	Middle Lost	IS MOTHER'S MAIDEN NAME (	First Middle	Lost
		634/00	1 t. War	ren	-11en B	Crepper
physicial physicial ien pleasi aval, and		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECURITY	Y NO 17. INFORMANT	Address	
hys hys		es, no di dikilowili	32/09/	1217 Mrs. Mary B. W	brren Snow	H.11 Md
The P	Г	1B. CAUSE OF DEATH (Enter on	ly one cause per line far (a), (b), and (	0h 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the death cer the attending p nsit permit. The		PART I. DEATH WAS CAUSE	D BY (ercha	1 Thrombon	(x2)	3 days
ded ded		11-7 mmeuli				
fine e a		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE O	I I'm An all	won	Nexturn
ma sign		nse to immediate cause (a),	(b) Cerebra		u du	7407 /5156
thal ian. by trans		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	Pt .		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician.  DIRECTOR: After this certificate has been signed by the attending physicial pass should be detached far use as the burial-transit permit. Then pleas led with the State Dept. at Health priar to burial, crematian, ar remayal, and		last.	(c)			
equ sig bur bur		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
w r ing sen the	8	*, 4 *				
s be de la	3	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
at the set of the	CERTIFICAT			YES NO	] OAGSES OF DEATHS	
ar a de en la constant de la constan		21a ACCIDENT WAS UNDERLYI			r nature of injury in Part 1 or Part 2,	Item IB.)
20世 第 3 年	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		19		
YSI responses cer chec	1	21d. INJURY OCCURRED   21e.		FACTORY.) 21f LOCATION Street or R.F.D. No	City or Town / /	County State
PH De etg		While Not while at work	COPPLE BUILDING, EIC	-/2-/	100 00/1/	la a
N the part of the core			is haspital) attended the decea	sed from-	30, to 0/1/ 19	60 , that (I) (see) last
Aff Aff a Strain		cow the decensed of	livis on // 2//	19 5 0 and that in (my) (me) and	inion death accurred on the de	ote and hour and from the
THE SE		causes stated above	e, I) (wa) (did) (digate) yiew the	e bady after deafh.		<u> </u>
A ATTENI retained recror: A 3 should with the		22b. SIGNATURE		ATTENDING	AED. STAFF 22c.	DATE SIGNED
OR be re Bon or			100		DIRECTOR PHYS.	
PITAL OR may be RAL DIR		22d. PHYSICIAN'S	1	22e. ADDRESS	-	
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. af Healt		NAME (Type)				
O HOSPIT Page 4 m O FUNERA director, I	230	BURIAL, CREMATION, 23b.	DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Tawn)	(Caunty) (State)
- 50 P F 4		SUP 3	2 3 19/0 R-	tor Mathewar	Snow Hill	isel
171	24.	FUNERAL DIRECTOR	ADDRE	SS 2Sa RECD E	BY REGISTRAR _   2Sb. REGISTRAR	S SIGNATURE
VR A15 K		2	11/1	Jacill GrandUG	2 1968 Recon	the Judge
	1	177771 And T-1	Vannania Ono	e) I - I I TOURING		// //



1	43	MARYLAND STATE DEPARTMENT OF HEALTH	1 20
1	_4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2 221
FOR STATE		emy 1, Film3405 1. MEDICALTEXAMINER'S CERTIFICATE OF DEATH 12287	
HEALTH DEPT.		Type or Profit / Os settl	oy Yeor 2b HOUR
5 5 8 3	,	Clarenda Hundif (Costiers + on Death Mated 8 2	4 1988 5:30M
\$ 500 E	3 5	A MONTHS CAN'T HOURS HA	Yeor 2d HOUR
ny delay 2, and 3 PM3 Pd	_ 1	7 HA NOU, 21-77 68 VRS	1968 W
	70	BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COLINTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
to to	000	BALTINORE U.S.A WIDOWED DIVORCED NICOMICO	Md.
death Pages 1, with farm	10. (	during most of weeking life avenue and IIII	b KIND OF BUSINESS OR DUSTRY
F The Bar	10		4 5 der
a and with death.		STATE THE COUNTY OF RESIDENCE DEGLES OF THE PROPERTY OF THE PR	Rooms
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	14		DERIN, UO.
Flaur Office offer	14 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 not in niner s pages haurs	160	WAS DECEASED EVER IN U.S. ARMED FORCES? K6b SOCIAL SECURITY NO 17, INFORMANT ADDRESS 00	CVI
within 24 pencil in caminer s le pages 72 haurs		(45, no, or unknown) (15 yes give war ar dates of service) (47 + 32-2086) John N, Washington B	2011/10/10
Exar Exar File	-		APPROXIMATE INTERVAL
xecuted nding' i Medical permit. It within		18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I DEATH WAS CAUSED BY.	BETWEEN ONSET AND GEATH
be execut pending lef Medica nsit permi		1570 IMMEDIATE CAUSE (a) (arcuerna of accuerna a	
e e e e e e e e e e e e e e e e e e e		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only which gove )	
The day of the second s		rise to immediate couse (o), (b)  stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shautd be executed with the word "pending" in pero the Chief Medical Exar bunal-transit permit. File in any event within 72		last	
the state of the distribution of individual		PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ficat ing ded as c t, ar		157 Y	
writh writh work was was sed ava	MILON	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
ICAL EXAMINER: This certificate shauld be executed within 24 Flaurs after death sexecute the certificate, writing the ward "pending" in pencil in Item 18, Give Pagitar. Page 4 shauld be farwarded to the Chief Medical Examiners Office a ang with ed far your files.  CTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the Staburial, crematian, ar removal, and in any event within 72 haurs after death.	CERTIFICATION	WAS PERFORMED?	YES NO
fical	CER	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, item	16.)
INER: e certi shacke files. 3 shau atian,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A M.  CAUSE OF DEATH P.M 19	
	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while work foctory, office building, etc.)	County State
SICAL EXAMINER: se execute the cert ctar. Page 4 shaule ned far your files. ECTOR: Page 3 shau burial, crematian,	1	WHILE NOT WHILE TOCTORY, Office building, etc.)	
ML Execution For Formal Controls (1982)		220   certify that I took charge of the remains described above, held on Autopsy, Inspection Inquiry,	ond in my opinion
director.		death resulted from: Natural couses 🔀, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	]
please I direct retaine or to b		CHIEF MEDICAL EXAMINER	
y, please raid direct to brior to		ACTUAL SIGNATURE The Control of the Signature Assistant Medical exam ner 226 Date Signature	
SSOR UND WINE NAME OF THE PARTY		1 EXAMINERS	26-68
necessary, please execute the funeral director. Page 4 5 may be retained for your to IUNERAL DIRECTOR: Page Health prior to burial, crem	0.0	NAME (Type)  ADDRESS(Street, city town, or county)	7
7 - 25	230	DEMOVED (Specific)	ounty) (Stote)
	24	FUNERAL DRECTOR  ADDRESS, AL 250 RECD BY REGISTRAR 250 REGISTRAR 5 SIG	NATURE
VR A15ME ,510 O	,	Loretta B. Solling Jersey Rd. Palisting DASEP 5 1968 Icharles	
10M REV 1/08 0		Concerns of the second of the	- Janes



	1 :	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	200
FOR STATE		1228 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	<u> 198</u>
HEALTH DEPT. ビロック も		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month D. OF ESTI DEATH MATED 8-14-	
≥ m P ==	3 5	SEX 4 RACE 5 DATE OF BIRTH 6 AGE ( n years if JNDER   YEAR IF UNDER 24 HPS 20 DATE PRONOUNCED DEAD	68 2d HOURA
E 27 Bd.		BIRTHPLACE (State or fore gn 70 CTIZEN OF WHAT COLINTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	19 4t = 50M
Pages 1,	10. (	CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (IF not in hosp tol 120 USUAL OCCUPAT ON (Kind of work done 12	b KIND OF BUSINESS OR DUSTRY
hours after death litem 18. Give Pages Office along with for alond 2 with the Sanafter death.	130	USUAL RESIDENCE (Where deceosed liyed, if institution Residence before 13c City OR TOWN 13d. INSIDE CITYMITS? 13e STREET AND NUMBER	
hours Item 18 Office o		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
Inchin 24 myer's pages homrs		WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes al service)  220-12-0024  Willie Walliam Unit Warknown	vage n. in
should be executed word "pending in the Chief Medical unial-transit permit in any event within		PART I DEATH WAS CAUSED BY:  HAMPDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove nse to immediate cause (a) stoting the underlying cause  Lost.	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH  CAYS
ifrate this the side of the same of the sa	O.F.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  Arteriosclerotic cardio-vascular disease.	0
h s certific ate, writin e farwards be used as	CERTIFICAT C	196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20 AUTOPSY?
MINER: The certificate of should be in files.	MEDICAL CES	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH  2 b. T ME OF INJURY Month, Day, Year HOUR A.M. P.M.  19	18)
EXAMIN ute the age 4 sh your fill Poge 7 s	ME	21d INJURY OCCURRED  WHILE AT WORK AT WORK  21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f LOCATION Street or R.F.D. No  City or Town	County State
TO DEPUTY SICAL EXAMINER necessary, please execute the cer the funeral director. Page 4 should 5 may be retained for your files. FO FUNERAL DIRECTOR: Page 1 siles. Health prior to burial, cremation		220   certify that I took charge of the remains described obave, held on Autapsy (X), Inspection (X) Inquiry (X), death resulted from: Notural causes (X), Accident (I), Suicide (I), Homicide (I), Undetermined morner (CHIEF MEDICAL EXAMINER (I))  ACTUAL	
TO L hec		o BUR AL CREMAT ON, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 236 LOCAT ON (City or Town) (C REMOTERL (Specify) Bellin Bellin W.	ounty) (State)  exc. M.C.
VR A15ME (5)	24	Jolley Funeral Home, Salisbury, Md.   250 REC D BY REGISTRAR   250 REGISTRAR S SIGNARY   250 REGISTRAR S SIGNARY   250 REC D BY REGISTRAR S SIGNARY   250 REGISTRAR S	NATURE STATES
VOV			



	1	MARTLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•		12289 CERTIFICATE OF DEATH
. 61.	l D	CEASED NAME First Middle Lost 2a DATE OF DEATH 2b, HOUR
death. neral and 2 death.		ype or print) / Month Day Year (//2
er deat funeral i and er deat	<u></u>	LLOYD Thomas WATSON HUGUST 6, 1964 177. M
fur fur	3. SI	last bythydaul Mourast nave Mourast Nave Mourast Nave
the Carte		MALE WHITE 3-27-82 SC YRS
( S. ( S. )	70.	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WEVER MARRIED 9. COUNTY OF DEATH
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etanined by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit They please temave carbon papers upos i and 2 should be detached for use as the burial, crematian, or remainal and event, within 2 hours after death with the State Dept. of Health prior to burial, crematian, or remainal.	caut	MAKYLAND USA WIDOWED DIVORCED WICOMICO Md.
illed poppoppinin	10 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
vithin /	[ c	g ve_stree* oddless) during most of working life-even if retired.   INDUSTRY
ecuted within campletely frame carban y event, with		
executed vad complete	130 adm	USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM 157 13e STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13c. CITY OR TOWN 15d INSIDE CITY LIM 157 13e STREET AND NUMBER 15T. SECTION 15
cut awe		MALLYLAND 13b. COUNTY OMICO HEBRON YES INO 413 WALNUT STREET
and camp	14.	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
9 5		MINUS B. WATSIN ELIZABETH BETTS
ofe be	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address
<u> </u>		es, no, or unknown) (If yes give war ar dottes of service) Mrs. MAKY W, WATSON SAME AS 13
th certificating physical theory place and all the place and all the place and all the place all the	⊨	
at the death cer the attending p nsit permit The matian, or remal		IB. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).)
eath indi		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Throughoses
atte em an,		DUE TO, OR AS A CONSEQUENCE OF
the office of th		(Conditions, if any, which gove) a a leve a donate. Control Vanguelas Nosan ten
y # W		inse to immed ate cause (a),
JING PHYSICIAN: The law requires that the dealby the haspital or attending physician.  After this certificate has been signed by the attence be detacted for use as the burial-transit permit State Dept. af Health prior to burial, crematian, or		stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF
ysic		
ph sig		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE ACCONDITION GIVEN IN PART 1(0)
ing ing	18	- 3.3.X
IDING PHYSICIAN: The law real by the haspital ar attending After this certificate has been 1 be defacted for use as the state Dept. of Health prior to	CERTIFICATION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The authors has the	ΙĔ	YES NO CAUSES OF DEATH?
at the solution		216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
A D S D E	3	OR CONTRIBLING CAUSE OF DEATH HOUR A.M. Month Doy Year
<b>5 PHYSIC</b> the haspi this certi detached	MEDICAL	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State
<b>H</b> 2 0 12 0 0		While Not while \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ATTENDING PHYSICIAN: retained by the haspital ar ECTOR: After this certificate S should be defached for us with the State Dept. of Health		at wark at wark
Fred State		22a. I certify that (1) (this hospital) oftended the deceased from Scalado, 1908, to Aca 6, 1968, that (1) (1) last
N P P P P P P P P P P P P P P P P P P P		saw the deceased give on 1968, and that in (my) (am) apinian death occurred on the date and haur and from the
E S S S T		causes stated abave, (1) (we) (did) (diabet) view the bady after death.
A to D to the		226. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED
6 e <b>2</b> ° e		LOUIS . FILLY N. DEGREE PHYS. DIRECTOR DIPHYS DI CHUES, 1758
F of the state of		22d PHYSICIAN'S 22e ADDRESS OF 11 O/ S 1
ES and	1	NAME (Type) THOMAS C. HILL, In MD Pine Bluf Rd. Jolis Dury Md.
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23 LOCATION (City or Town) (County) (State)
Peg C		BURIAL 8-8-68 MARDELA CEM, MARDELA Md.
F = F	74	FUNERAL DIRECTOR // 250. REGISTRAR 25b. REGISTRAR 5 SIGNATURE
VR A15 (4) 30M REV. 148-0	1.	Thomas T. WALLACE SALISBURYDAY AUG 8. 1968 Icharles Junger
		MONTHS T. WATTACE SHAISPURGUALE AUGO 1000



.6	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	301
FOR STATE	16.2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT	(Type or Post)	Yeor 2b HOJR
Poge (M)	DOMNIED DOCATE	2d HOUR
2, and 3 PM3. Pog	loss britiday) MONTHS DAYS HOURS MIN MARCH DAY Year	A A
PN PN	Female White May 12,1949 19 YRS 8 24.  70. BIRTHPLACE (Stote or foreign 75 CIT.ZEN OF WHAT COUNTRY? 8. MARR ED NEVER MARRIED 79. COUNTY OF DEATH	158 5:25M
	COUNTY Maryland U.S.A. WIDOWED DIVORCED Wicomico	M
to to to	TO CITY OR FOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJA, OCCUPATION (Kind of work done 12b KIN	ID OF BUSINESS OR
8 76	Salisbury   give street oddress)   Peninsula General Hospital   Never Work Student   Nover Wo	vone
hours offer d Item 18 Give Office along	130 SHALL PESIDENCE (Where deceased liver of institution, Pas decea hefere) 34 CITY OR TOWN 134 INSIDE OF UM.157 113e STREET AND NUMBER	
	admission) statistical distribution of Salisbury of Solisbury of Solis	
hours Item 1 Office Jond 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	lost
24 in 1 r's (		antwell
d be executed within 24 d'pending" in pencil in Chief Medical Examiner's transit permit. File pages y event within 72 hours	166. WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   None	
d with pe Exan Exan File		APPROX MATE INTERVAL
be executed "pending" in nief Medical E ansit permit. F event within		TWEEN ONSET AND DEATH
e executed pending. In left Medical assit permit.	8 14-7 DUE TO, OR AS A CONSEQUENCE OF	
e e le	Conditions, if any, which gave 3	
ony e	trise to immediate cause (a).  Stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
277 5 6	lost (c)	
s certificate should a, writing the ward forwarded to the C used as a burial-tr emoval, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certificate writing th prwarded t used as a noval, and	3	
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	). AUTOPSY?
海 黄 。		YES NO
두 등 이 를 했다.		10
iner: Te certific should be files.  3 should cotion, or	PRIMARY X OR CONTRIBUTING 721 PM8. 23 1968 Pedestera Struck 134 C  CAUSE OF DEATH  216 INJURY OCCUPRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street at R.F.D. No City or Town Country  COUNTRIBUTING 721 PM8. 23 1968 Pedestera Struck 134 C	ty State/
EXAMINER: ute the cert age 4 shaul your files. Page 3 shou	WHITE NOT WHITE factory office building, etc.)	7
	22a   certify that   taak charge of the remains described above, held an Autopsy   Inspect on   Inquiry   and an Autopsy   Inspect on   Inquiry	-
ICAL E executor. Por ed far CTOR: burial,	death resulted fram: Natural causes , Accident Suicide , Hamicide Undetermined manner	ла ти тту артнег
ose rectoring sine property to be to	CHIEF MEDICAL EXAMINER	
ry, pleosing, pl	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	114
uny, nercher be	EXAMINER'S Did 140 A Triclose DEPUTY MEDICAL EXAMINER A	4-68
TO DEPUTY SICAL EN OPERSTORY, please exect the funeral director. Po 5 may be retained for 10 FUNERAL DIRECTOR: Health prior to burial,	NAME (Type) ADDRESS(Street city town, or county) Salisbury,	Wic.Md.
5 = 4 2 D = H	230 BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	
**	REMOVAL (Specify) Burial 8-27-1968 Siloam Cemetery Siloam, Wicomico, Man	
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR 256 REGISTRAR'S S CHATUI	Judges
10M REV 1/68	Hill Funeral Home Salisbury, Maryland DATE AUG 27 1968	7 0



A To	ı	MARIEMO JIAIE DEFAMINENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
,		1229 CERTIFICATE OF DEATH
- 2 -	1. D	ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR.
death		The second of th
	_	
文 一人 章	3 5	Control less make and less mak
rs of the Page ors of	١.	MALE VA JAN. 31, 1878 70 YRS 1000 1000
hour:		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
in 24 hours after filled in by the papers. Pages 4 hin 72 hours after	COU	MICOMICO Md. WIDOWED X DIVORCED WICOMICO
in 24 ha filled in papers. hin 72 h	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 126 Kind OF RUSINESS OR
THE SECOND	5	Salisbury ReninsulaGeneral Hospital Hospital (MDUSTRY)
÷ ( = 5 a	130	USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c LTV OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
cuted wi	odm	HISSION STATE AWAR TO SONY SSGX BOUSDANDES NOW RED
and comi	14	FATHER'S NAME First Middle , Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
be ex and e rem		HIRAM MILLIAMS ANNA BELLE LILIS
ife cian eas		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1 Address
e death certificate b attending physician permit. Then please an, ar remaval, and t		(es, po gruphnown) (Il yes grey for actions of service) 218-20-6157 MRS-BETTY -6 HUSON JOHNSON'S ORNER
ph hen nav	F	ADDONOVALLY DAYS.
re Tiji		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY
fed mit		PART I DEATH WAS CAUSE (0) CORC had thombers Suzis
att per		DUE TO, OR AS A CONSEQUENCE OF
the sit protection		Conditions, it only which gove (b) qualifyed arternal electer years
tha Dy Sy ren		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
es de la company		lost (c)
equires that the physician. signed by the burial-transit is burial-transit if		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)
ng p	-	332x Viceboles Millitis
ndir bee	i i	190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law reatending attending has been se as the h priar to	CERTIFICATION	YES NO CAUSES OF DEATH?
or o substantial	8	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
IAN fice for for for		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
SSIC spin	MEDICAL	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (ATHOME, FARM, STREET FACTORY.) 21f, LOCATION Street or R.F.D. No. (ity or Town County State
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Page bound be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event.		While Not while of work OFFICE BUILDING, ETC
DING by the After all be de State		220 I certify that (1) (this haspital) attended the deceased from \$-25, 1965, to 5, 25, 1965, that (1) (we) lost saw the deceased alive on \$25, and that in (my) (aur) apinion death occurred on the date and hour and from the
N Selection of the Sele		saw the deceased alive on
a g g at		causes stated abave (I) (we) (did) (did nat) view the bady after death
A star Paragraph with the start of the start		226 SIGNATURE 22c. DATE SIGNED STAFF 22c. DATE SIGNED
OR ATTEN be retained DIRECTOR: ge 3 shauld		John & Dredbuley, Mi) DEGREE PHYS DIRECTOR PHYS 1 8/22/68
AL OY Page e fill		22e ADDRESS WAME (Type)
O HOSPITAL Page 4 may O FUNERAL C director, pag		mant (1)po)
Se 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATURY 23d LOCATION (City or Town) (County) (Stole)
0 2 0 3 0 0	1/.	3PHONE POWIL 8 31 68 EVERGREEN BERLIN WOR MD
VR A15 [4]	24	
30M REV. 1/68		Anna M. Ourtage Perlin Made AUG 30 1968 police Judge.



_ 1	NUMBER OF		STATE DEPARTMENT		01001	
	12292 am 1	3e Film Gi	OT W. PRESTON STREET,	TH	7 21201	Res
1. DECEASED-NA (Type or prin		Middle 17	Willing	20 DATE OF DEATH Man	th 5 Day 196 Year	26 HDUR A 8:05 M
3 SEX Fer			S. DATE OF BIRTH	30, 1893 last hi	(in years   IE JNOER TYEAR   MONTHS   DAYS	IF UNDER 24 HRS. HOURS MIN
country	suland U1.	1 A. I	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 / Du anice	County	Md
Solisbur	VN OF DEATH II N give	IAME OF HOSPITAL OR INSTIT street address)	TUTION (If not in hospital 12	o. USUAL OCCUPATION (Kind of pring most of working life, even	work dane 126 KIND OI n if retired.) INDUSTRY	F BUSINESS OR
admissian) ST	13 MANTE	t on Residence befare	Saliabury YES	No Z Quan	NUMBER tico Road	
14. FATHER'S N	ner W. T. Place	witsen	15. MOTHER'S MAIDEN	NAME First Robert	Middle	Lost
Yes, no, or u	ASED EVER IN U.S. ARMED FORCES?  (If yes give war or dates at service)	16b. SOCIAL SECURITY NO.	mis Char	les Lawin	Address Tangley	rod Rd
Condition rise to in stating th	mediate cause (a) (b)	AS A CONSEQUENCE OF	hesteraire	arest CV de	SCAL 15	ONSET AND DEATH
44	THER SIGNIFICANT CONDITIONS CONTRIBL	UTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	ASE ORCONDITION GIVEN IN PART	1 1(0)	myso,
ZI FIG		HICH OPERATION WAS PERFO	DRMED 20a. AUTOPSY? YES	NO CAUSES OF DEAT	RE FINDINGS CONSIDERED IN ( H?	CERTIFYING
☐ OR CONT	DENT WAS UNDERLYING 216 TIME O HOUR A.M notify medical examiner)	Manth Day Year		(Enter nature of injury in Part		
While at work	of work		21f LOCATION Street or R		<u> </u>	State
501	ertify that (I) ( <del>this hospit</del> al) att v the deceased alive an uses stated abave, (M) (we) (did)	19	(a) and that in law)	, 19 55, to 5 - 2 ur) apinian death accurred	19 , 19 , that and haur	t (I) (we) last and fram the
22b. SIGN	21/9/13/	Buil	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	22c DATE SIGNED	-68
	Е (Түре)		22e. ADDRESS			15
23g BURIAL, C REMOVAL 24. FUNERAL C	8/7/68	23c NAME OF CE	METERY OR CREMATORY	REC'D BY REGISTRAR 256	me Ma	(State)
Lev	n R. Wilson	Irmica	Como My DATE	AUG 1 2 1968	REG STRAP'S SIGNATURE	mages !



1	1	7793	DIVISIO			DS, 301	W. PRE	EPARTMI TON STRE	EI, BALI	IMORE,	MARYL	AND 212	01				
FOR STATE					EDICAL			CERTIF	ICATE	OF DE			293	2	303		
HEALTH DEPT.		ECEASED-NAME Type or Print)	First ITIC			Midd	le	TIOOT	Lost	n		2a. DATE K			Day Year	2b. HOUR	
at of some			WALTO			P.	1		FOR			DEATH A	WATED [	8-3-	68 19	12:40M	
	3. \$	M	4. RACE A.A		OF BIRTH -02-1	11.	6. AGE (In lost bicth)	gy) MONTHS	OAYS	#F UNDER	MIN MIN	2c. DATE PR Month	оноинсер В С	DEAD Day	Year A	2d. HOUR 12:40	
P. an de	70					•	-	MARRIED -	DALLACO ALL	DDIED []	d com	ATV OF BEA	U	1 3	19 6	ФАМ	
1 1 1 1 1		70. BIRTHPLACE (State or foreign   75. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH   COUNTRY) Maryland USA   WIDOWED   DIVORCED   Wicomico															
take		ITY OR TOWN OF				OF HOSPITAL	OR INSTIT	JTION (If not		12o. U	ISUAL OCC	UPATION (K	(ind of worl	k done	12b. KIND OF BU	USINESS OR	
hours ofter death Item 18. Give Pages L Office along with form 1 and 2 with the State death.		Salisb	ury	1	give Freet	address)	ıla (	ener	al	during	7885	warking life	e, even if re	etired to	Improvel1	l Soup	
fter Giv Jong		USUAL RESIDENCE	E (Where deced	sed lived, if	institution:	Residence	befare 13c.			Bd. INSIDE CITY		13e. STREET					
hours often 18. Gi Office aloni 1 and 2 with	0	dmission) STATE	Md.		INTY Son	nerse	et P	rince		YES	10000	Ro	ute	3			
hou term Office and and after		ATHER'S NAME	First		Middle		Lost			DEN NAME			Midd	dle	Lo	ost	
4 'ë 's 's 's 's		ames W			1.0					Bri	Lce						
within 24 hours pencil in Item Item Item Item Item Item Item Item		WAS DECEASED EVE es, na, ar unknawr		FORCES? war or dates of s		SOCIAL SECU	JRITY NO.	17. INFOR		7007 d	Fand	Danks	ADDRESS		A 353		
in pend in pen	-		France Weelferd. Frincess Anne, Md														
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:									BETWEEN ONSET AND DEATH						
xecute nding. Medicol permit rt with		HART I DEATH WAS CAUSED BT:  Acute bronchial asthma  Due To, OR AS A CONSEQUENCE OF															
be e "per ief l		Canditians, if any, which gave )															
ord ord e Ch l-tra		rise to immedia		DUE 1	TO, OR AS A	CONSEQUE	NCE OF				***************************************						
	1	last. (c)															
9 - G		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)															
tifico niting arder arder d as	10	241 X															
certification of the control of the	CATI	190, DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20. AUTOPSY?					
This cote, be for the total the tota	CERTIFICATION	YES NO NO NO STERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)															
INER: 1 e certific should b files. 3 shauld orian, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19															
	WED	21d. INJURY OCCU	URRED 21e.	PLACE OF IN.	IURY (At hon	me, farm, s	4,	21f. LOCAT	ION Street	or R.F.D. No	,	City or	Tawn		County	State	
XAM Jite th your Page crem		AT WORK AT	WORK T	octary, affice	building, etc.	.)											
ICAL EXAMINER: a execute the cert tar. Page 4 should ed for your files. CTOR: Page 3 shou burial, cremotian,		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my apinion															
SICA char.		death res	ulted from:	Natura	l causes	X, Ac	cident [	], Suicid	e 🔲,	Hamicio	de 🔲	Undete	rmined m	nanner [			
TY Sleose y, pleose and directly be retained (AL DIREC		ACTUAL	8		_					EF MEDICAL							
JIY BIC, pleose e eral director be retained RAL DIRECTOR prior to bu		SIGNATURE	16	D	X	T D			1111-111	ISTANT MED		- Comment	2	2b. DATE S		1968	
o DEPUTY DICAL EXAM necessary, pleose execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type)	09 Car	Roy	Ave	M.D.	lish	iry, l		ORESSIStreet			v)	TUNE	), .	1700	
ro DEPUT1 necessary, the funero 5 moy be to FUNERA Health pr	230	BURIAL, CREMATI	ON, 23b	DATE	2700			TERY OR CRE			-	LOCATION (		1)	(County)	(State)	
<b>—</b>	B	REMOVAL (Specification)	y)	8/11/	168		ace					,					
	24.	FUNERAL DIRECTO	RW1111			s Jr	ADDRESS	1000		2So. REC'	D BY REG		25b. REG	ISTRAR'S S	IGNATURE		
VR A15ME (5) 10M REV. 1/68		oby Ja						•		DATE	AUG	ð K	368	your	wes yo	age.	
INY																	

AN, Almi a wang kerajawa Isani ana ang And the second s

